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IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

TYRON WORKS

Plaintiff

vs.

MICHAEL J. ASTRUE
COMMISSIONER OF
SOCIAL SECURITY

Defendant

CIVIL ACTION NO. 2:07-CV-1126-TFM

CERTIFICATION

The undersigned, as Chief, Court Case Preparation and Review Branch 4, Office of Appellate Operations, Office of Disability Adjudication and Review, Social Security Administration, hereby certifies that the documents annexed hereto constitute a full and accurate transcript of the entire record of proceedings relating to this case.



PATRICK J. HERBST

Date: February 16, 2008

Claimant TYRON WORKS
 Account Number: 419-08-7667

[Cross-ref. name:]
 [Cross-ref. account no:]

1A

COURT TRANSCRIPT INDEX	PAGE NO.
Exhibits List (Index to Individual Exhibits)	1-5
Action of Appeals Council on Request for Review, dated October 25, 2007	6-8
Order of Appeals Council - Receipt of Additional Evidence, dated October 25, 2007	9-
Correspondence	10-11
Appointment[s] of Representative, dated June 1, 2007	12-13
Hearing Decision, dated April 17, 2007	14-26
Notice of Hearing, dated March 8, 2007	27-31
Request for Hearing, dated October 11, 2005, See Exhibit B	-
Exhibits	32-661
Transcript of Oral Hearing, dated March 22, 2007	662-699

DATE: February 16, 2008

The documents and exhibits contained in this administrative record are the best copies obtainable.

LIST OF EXHIBITS

CLAIMANT:

Tyron Works

SSN:

419-08-7667

1B

X-REF:

SSN:

COURT
TRANSCRIPT
PAGE NO.PAYMENT DOCUMENTS/DECISIONS

Section A contains paperwork that shows decisions made by the Social Security Administration and payment documents. Each set of documents is labeled with the section number and numerically as exhibit.

Section A consists of 1 exhibits.

32-33JURISDICTIONAL DOCUMENTS/NOTICES

Section B contains jurisdictional documents (essential paperwork for processing applications and claims). Section B contains notices sent out in the case. Each set of documents is labeled with the section number and numerically as an exhibit.

Section B consists of 1 exhibits.

34-48

Section C ordinarily will be empty.

NON-DISABILITY DEVELOPMENT

Section D contains paperwork that involves non-disability issues such as records of Social Security taxes paid in. Each set of documents is labeled with section number and numerically as an exhibit.

Section D consists of 1 exhibit.

49-61DISABILITY RELATED DEVELOPMENT AND DOCUMENTATION

Section E contains paperwork related to the claimant for disability such as forms and reports completed by and for the claimant, information on work background and medications. Each set of documents is labeled with the section number and numerically as an exhibit.

Section E consists of _____ exhibits.

MEDICAL RECORDS

Section F contains medical records such as treatment, Hospital and Laboratory Records, Outpatient Notes, Clinic Notes, Physician's Records and Reports. Each set of documents is labeled with section number and numerically as an exhibit.

Section F consists of _____ exhibits

Part A (Yellow) - Payment Documents/Decisions
Part B (Red) - Jurisdictional Documents/Notices
Part D (Orange) - Non-Disability Development
Part E (Blue) - Disability Related Development and Documentation
Part F (Yellow) - Medical Records

ADDITIONAL CLAIM FILE, IF APPLICABLE:

Part (SSI) - Supplemental Security Income
Part (DWB) - Disabled Widow/Widower
Part (CDB) - Child's Disability Benefits

LIST OF EXHIBITS

Claimant: Tyron Works

SSN:

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419-08-7667

Exh. Part No. No.	Description	No. of Pages
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DISABILITY RELATED DEVELOPMENT AND DOCUMENTATION

1	E	Disability Report - Appeal undated	62-67	6
2	E	Disability Report - Field Office undated	68-69	2
3	E	Disability Report - Adult dated 1/10/05	70-79	10
4	E	Disability Report - Field Office dated 1/13/05	80-83	4
5	E	Physical Activities Questionnaire dated 1/24/05	84-89	6
6	E	Work History Report dated 1/24/05	90-98	9
7	E	Vocational Rationale Form dated 5/19/05	99-102	4

MEDICAL RECORDS

1	F	Progress notes covering the period from 9/21/04 to 11/16/04 by Montgomery Cardiovascular Assoc	103-112	10
2	F	Emergency Room Records dated 9/21/04 to 11/29/04 from Baptist Health	113-139	27
3	F	Medical Records covering the period from 9/9/04 to 12/6/04 from Dr. Jefferson Underwood	140-150	11
4	F	Medical Records covering the period from 10/24/01 to 1/13/05 from VA Montgomery	151-419	269
5	F	Hospital Records for admission on 2/8/05 through discharge on 2/12/05 from Baptist Health	420-440	21
6	F	Progress notes covering the period from 12/6/04 to 2/28/05 by Dr. Pinchback	441-464	24

LIST OF EXHIBITS

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Claimant: **Tyron Works**SSN: **419-08-7667**

Exh. No.	Part No.	Description	No. of Pages
7	F	Consultative Examination dated 5/6/05 by Dr. James Colley	7
8	F	RFC - Residual Functional Capacity Assessment - Physical (completed by DDS physician) dated 5/19/05	8
9	F	Medical Records covering the period from 02/08/05 to 02/12/05 from W.L. Pinchback, M.D.	1
10	F	Medical Records covering the period from 01/04/05 to 07/30/06 from Veteran's Administration	82
11	F	Medical Records covering the period from 02/13/05 to 08/14/06 from W.L. Pinchback, M.D.	27
12	F	Medical Records covering the period from 11/29/06 to 12/01/06 from Hamp Greene, M.E.	15
13	F	Medical Records covering the period from 05/15/06 to 11/14/06 from Veteran's Administration	38
14	F	Medical Report dated 03/13/07 from Baptist Medical Center East	2
15	F	Physical Capacities Evaluation by Hamp Greene, M.D. dated 03/05/07	3
16	F	Medical Records covering the period from 12/06/04 to 01/23/07 from Jefferson Underwood, M.D.	3

3A

TYRON WORKSClaimant419-08-7667Social Security NumberWage EarnerSocial Security Number**AC EXHIBITS LIST**

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>	<u>COURT TRANSCRIPT PAGE NO.</u>
Exhibit AC-1	Letters from the Department of Veterans Affairs, Vocational Rehabilitation & Employment Division, dated August 14, 2007 and August 16, 2007		651-653
Exhibit AC-2	A Decision Review Officer Decision dated September 13, 2007 and a certificate dated September 19, 2007 from the Department of Veterans Affairs		654-656
Exhibit AC-3	A message from the claimant dated October 15, 2007, regarding his 100% disability from the Department of Veterans Affairs		657-661

LIST OF EXHIBITS**Claimant: Tyron Works****SSN: 419-08-7667**

Exh. No.	Part No.	Description	No. of Pages
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6	E	Work History Report dated 1/24/05	9
7	E	Vocational Rationale Form dated 5/19/05	4

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3	F	Medical Records covering the period from 9/9/04 to 12/6/04 from Dr. Jefferson Underwood	11
4	F	Medical Records covering the period from 10/24/01 to 1/13/05 from VA Montgomery	269
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Claimant: **Tyron Works**SSN: **419-08-7667**

Exh. No.	Part No.	Description	No. of Pages
7	F	Consultative Examination dated 5/6/05 by Dr. James Colley	7
8	F	RFC - Residual Functional Capacity Assessment - Physical (completed by DDS physician) dated 5/19/05	8
9	F	Medical Records covering the period 2/8/05 - 2/12/05 from Warner Pinchlock, M.D., Sub by Atty	1
10	F	Medical Records covering the period 1/14/05 - 7/30/06 from VANC, Sub by Atty	82
11	F	Medical Records covering the period 2/13/05 - 8/14/06 from W. Pinchlock, M.D., Sub by Atty	27



SOCIAL SECURITY ADMINISTRATION

Refer to: TLC
419-08-7667

Office of Disability Adjudication
and Review
5107 Leesburg Pike **6**
Falls Church, VA 22041-3255
Telephone: (703) 605-8000
Date:

OCT 25 2007

NOTICE OF APPEALS COUNCIL ACTION

MR. TYRON WORKS
435 LURENE CIRCLE
MONTGOMERY, AL 36109

This is about your request for review of the Administrative Law Judge's decision dated April 17, 2007.

We Have Denied Your Request for Review

We found no reason under our rules to review the Administrative Law Judge's decision. Therefore, we have denied your request for review.

This means that the Administrative Law Judge's decision is the final decision of the Commissioner of Social Security in your case.

Rules We Applied

We applied the laws, regulations and rulings in effect as of the date we took this action.

Under our rules, we will review your case for any of the following reasons:

- The Administrative Law Judge appears to have abused his or her discretion.
- There is an error of law.
- The decision is not supported by substantial evidence.
- There is a broad policy or procedural issue that may affect the public interest.
- We receive new and material evidence and the decision is contrary to the weight of all the evidence now in the record.

What We Considered

In looking at your case, we considered the reasons you disagree with the decision and the additional evidence listed on the enclosed Order of Appeals Council.

CLAIM FILE

TYRON WORKS (419-08-7667)

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We found that this information does not provide a basis for changing the Administrative Law Judge's decision.

If You Disagree With Our Action

If you disagree with our action, you may ask for court review of the Administrative Law Judge's decision by filing a civil action.

If you do not ask for court review, the Administrative Law Judge's decision will be a final decision that can be changed only under special rules.

How to File a Civil Action

You may file a civil action (ask for court review) by filing a complaint in the United States District Court for the judicial district in which you live. The complaint should name the Commissioner of Social Security as the defendant and should include the Social Security number(s) shown at the top of this letter.

You or your representative must deliver copies of your complaint and of the summons issued by the court to the U.S. Attorney for the judicial district where you file your complaint, as provided in rule 4(i) of the Federal Rules of Civil Procedure.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Social Security Administration's Office of the General Counsel that is responsible for the processing and handling of litigation in the particular judicial district in which the complaint is filed. The names, addresses, and jurisdictional responsibilities of these offices are published in the Federal Register (70 FR 73320, December 9, 2005), and are available on-line at the Social Security Administration's Internet site, <https://s044a90.ssa.gov/apps10/poms.nsf/lnx/0203106020!opendocument>.

You or your representative must also send copies of the complaint and summons, by certified or registered mail, to the Attorney General of the United States, Washington, DC 20530.

Time To File a Civil Action

- You have 60 days to file a civil action (ask for court review).
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- If you cannot file for court review within 60 days, you may ask the Appeals Council to extend your time to file. You must have a good reason for waiting more than 60 days to ask for court review. You must make the request in writing and give your reason(s) in the request.

TYRON WORKS (419-08-7667)

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You must mail your request for more time to the Appeals Council at the address shown at the top of this notice. Please put the Social Security number(s) also shown at the top of this notice on your request. We will send you a letter telling you whether your request for more time has been granted.

About The Law

The right to court review for claims under Title II (Social Security) is provided for in Section 205(g) of the Social Security Act. This section is also Section 405(g) of Title 42 of the United States Code.

The right to court review for claims under Title XVI (Supplemental Security Income) is provided for in Section 1631(c)(3) of the Social Security Act. This section is also Section 1383(c) of Title 42 of the United States Code.

The rules on filing civil actions are Rules 4(c) and (i) in the Federal Rules of Civil Procedure.

If You Have Any Questions

If you have any questions, you may call, write, or visit any Social Security office. If you do call or visit an office, please have this notice with you. The telephone number of the local office that serves your area is 334-223-7183. Its address is:

SOCIAL SECURITY ADMIN
2450 PRESIDENTS DRIVE
MONTGOMERY, AL 36116-1616

ORIGINAL SIGNED BY

Louann Y. Igasaki
Appeals Officer

Enclosure: Order of Appeals Council

cc: S. KAY DANSBY, ESQ.
P.O. BOX 11352
MONTGOMERY, AL 36111

CLAIM FILE

Social Security Administration
OFFICE OF DISABILITY ADJUDICATION AND REVIEW

ORDER OF APPEALS COUNCIL

IN THE CASE OF

TYRON WORKS
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability
Disability Insurance Benefits

419-08-7667

(Social Security Number)

The Appeals Council has received additional evidence which it is making part of the record.
That evidence consists of the following exhibits:

- Exhibit AC-1 Letters from the Department of Veterans Affairs,
 Vocational Rehabilitation & Employment
 Division, dated August 14, 2007 and August 16,
 2007
- Exhibit AC-2 A Decision Review Officer Decision dated
 September 13, 2007 and a certificate dated
 September 19, 2007 from the Department of
 Veterans Affairs
- Exhibit AC-3 A message from the claimant dated October 15,
 2007, regarding his 100% disability from the
 Department of Veterans Affairs

Date:

OCT 25 2007

CLAIM FILE



SOCIAL SECURITY ADMINISTRATION

Refer to: TLC
419-08-7667

Office of Disability Adjudication
and Review
5107 Leesburg Pike **10**
Falls Church, VA 22041-3255
Telephone: (703) 605-8000
Date: 06/21/2007

Mr. S. DANSBY
4216 N CARMICHAEL CT
P.O. BOX 11352
MONTGOMERY, AL 36111-0352

Dear Mr. DANSBY:

Re: TYRON WORKS, 435 LURENE CIRCLE, MONTGOMERY, AL 36109

Enclosed are the duplicate recording/recordings you requested.

You May Send More Information

You may send us more evidence or a statement about the facts and the law in this case.

Any more evidence must be *new and* material to the issues considered in the hearing decision dated April 17, 2007.

We Will Not Act For 25 Days

If you have more information, you must send it to us within 25 days of the date of this letter. We will not allow more time to send information except for very good reasons.

Our address and FAX number are:

ADDRESS: Appeals Council
Office of Disability Adjudication and Review
ATTN: Branch 18, Suite 705
5107 Leesburg Pike
Falls Church, VA 22041-3255

FAX: 703-605-7651, Attn: Branch 18

Put the Social Security Number shown at the top of this letter on your request.

If you send us anything by fax, please do not send duplicates by mail. That may delay processing your claim.

TYRON WORKS (419-08-7667)

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What Happens Next

If we do not hear from you within 25 days, we will assume that you do not want to send us more information. We will then proceed with our action based on the record we have.

If You Have Any Questions

If you have any questions, you may call or write the Appeals Council. Our telephone number and address are shown at the top of this letter. If you do call, please have this notice with you.

ORIGINAL SIGNED BY
BHANUPRASAD PATEL
Legal Assistant

Enclosures:

Duplicate recording(s)

Self-addressed envelope

cc:

Mr. TYRON WORKS

435 LURENE CIRCLE

MONTGOMERY, AL 36109

Law Offices of
S. Kay Dansby, PC

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Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

June 1, 2007

Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255

Re: Tyron Works
SSN: 419-08-7667

Dear Sir/Madam:

Enclosed please find a Request for Review for the above referenced claimant. Please send a copy of the hearing recording at your earliest convenience.

Sincerely,



S. Kay Dansby

SOCIAL SECURITY ADMINISTRATION OFFICE OF HEARINGS AND APPEALS

Form Approved
OMB No. 0960-0277**REQUEST FOR REVIEW OF HEARING DECISION/ORDER**(Do not use this form for objecting to a recommended ALJ decision.)
(Take or mail original and all copies to your local Social Security office,
the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post)

See Privacy Act Notice

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1. CLAIMANT Tyron Works	2. WAGE EARNER, IF DIFFERENT
3. SOCIAL SECURITY CLAIM NUMBER 419-08-7667	4. SPOUSE'S NAME AND SOCIAL SECURITY NUMBER (Complete ONLY in Supplemental Security Income Cases)

5. I request that the Appeals Council review the Administrative Law Judge's action on the above claim because:

Claimant is disabled within the meaning of the Social Security Act.


ADDITIONAL EVIDENCE

If you have additional evidence, submit it with this request for review. If you need additional time to submit evidence or legal argument, you must request an extension of time in writing now. If you request an extension of time, you should explain the reason(s) you are unable to submit the evidence or legal argument now. If you neither submit evidence or legal argument now nor within any extension of time the Appeals Council grants, the Appeals Council will take its action based on the evidence of record.

IMPORTANT: Write your Social Security Claim Number on any letter or material you send us.

SIGNATURE BLOCKS: You should complete No. 6 and your representative (if any) should complete No. 7. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 7.

I declare under penalty or perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

6. CLAIMANT'S SIGNATURE June 1, 2007	7. REPRESENTATIVE'S SIGNATURE 	<input checked="" type="checkbox"/> ATTORNEY <input type="checkbox"/> NON-ATTORNEY
PRINT NAME Tyron Works	PRINT NAME S Kay Dansby	
ADDRESS 435 Lurene Circle	ADDRESS P.O. Box 11352	
(CITY, STATE, ZIP CODE) Montgomery, AL 36109	(CITY, STATE, ZIP CODE) Montgomery, AL 36111-0352	
TELEPHONE NUMBER (334)279-8671	FAX NUMBER	
	TELEPHONE NUMBER (334)834-7001	FAX NUMBER (334) 834-7002

THE SOCIAL SECURITY ADMINISTRATION STAFF WILL COMPLETE THIS PART

8. Request received for the Social Security Administration on _____ by: _____ (Date) (Print Name)			
(Title)	(Address)	(Servicing FO Code)	(PC Code)
9 Is the request for review received within 65 days of the ALJ'S Decision/Dismissal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If "no" checked: (1) attach claimant's explanation for delay; and (2) attach copy of appointment notice, letter or other pertinent material or information in the Social Security Office.			
11. Check one: <input type="checkbox"/> Initial Entitlement <input type="checkbox"/> Termination or other		12. Check all claim types that apply: <input type="checkbox"/> Retirement or survivors (RSI) <input type="checkbox"/> Disability - Worker (DIWC) <input type="checkbox"/> Disability - Widow(er) (DIWW) <input type="checkbox"/> Disability - Child (DIWC) <input type="checkbox"/> SSI Aged (SSIA) <input type="checkbox"/> SSI Blind (SSIB) <input type="checkbox"/> SSI Disability (SSID) <input type="checkbox"/> Health Insurance - Part A (HIA) <input type="checkbox"/> Health Insurance - Part B (HIB) <input type="checkbox"/> Title VIII Only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify: _____	
APPEALS COUNCIL OFFICE OF HEARINGS AND APPEALS, SSA 5107 Leesburg Pike FALLS CHURCH, VA 22041-3255			



SOCIAL SECURITY ADMINISTRATION

Refer To: 419-08-7667

Office of Disability Adjudication and Review
405 South 7th St
Paducah, KY 42003

Date: **APR 17 2007**

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Tyron Works
435 Lurene Circle
Montgomery, AL 36109

NOTICE OF DECISION – UNFAVORABLE

I have made the enclosed decision in your case. Please read this notice and the decision carefully.

If You Disagree With The Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How to File an Appeal

To file an appeal you or your representative must request that the Appeals Council review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the **Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255**. Please put the Social Security number shown above on any appeal you file.

Time to File an Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Time to Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

How an Appeal Works

See Next Page

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J).

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulation exists. Section 404.970 of the regulation lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

The Appeals Council May Review The Decision On Its Own

The Appeals Council can review my decision even without your request to do so. If it decides to do that, the Council will mail you a notice about its review within 60 days from the date of this notice.

If No Appeal and No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

New Application

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with my decision and you file a new application instead of appealing, you might lose some benefits, or not qualify for any benefits. My decision could also be used to deny a new application for insurance benefits, if the facts and issues are the same. So, if you disagree with this decision, you should file an appeal within 60 days.

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If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (334)223-7183. Its address is Social Security Admin, 2450 Presidents Drive, Montgomery, AL 36116-1616.

cc: S. Kay Dansby
Attorney At Law
4216 N Carmichael Ct
PO Box 11352
Montgomery, AL 36111-0352

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

DECISION

IN THE CASE OF

Tyron Works
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability and Disability Insurance
Benefits

419-08-7667

(Social Security Number)

JURISDICTION AND PROCEDURAL HISTORY

On December 29, 2004, the claimant protectively filed an application for a period of disability and disability insurance benefits, alleging disability beginning November 29, 2004. The claim was denied initially and upon reconsideration. Thereafter, the claimant filed a timely written request for hearing on July 18, 2005 (20 CFR 404.929 *et seq.*). The claimant appeared and testified at a hearing held on March 22, 2007, in Montgomery, Alabama. Robert N Strader, M.S., an impartial vocational expert, also appeared at the hearing. The claimant is represented by S. Kay Dansby, an attorney.

ISSUES

The issue is whether the claimant is disabled under sections 216(i) and 223(d) of the Social Security Act. Disability is defined as the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or combination of impairments that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months.

There is an additional issue whether the insured status requirements of sections 216(i) and 223 of the Social Security Act are met. The claimant's earnings record shows that the claimant has acquired sufficient quarters of coverage to remain insured through December 31, 2009. Thus, the claimant must establish disability on or before that date in order to be entitled to a period of disability and disability insurance benefits.

DECISION: After careful consideration of all the evidence, the undersigned Administrative Law Judge concludes the claimant has not been under a disability within the meaning of the Social Security Act from November 29, 2004, through the date of this decision.

APPLICABLE LAW

Under the authority of the Social Security Act, the Social Security Administration has established a five-step sequential evaluation process for determining whether an individual is disabled (20 CFR 404.1520(a)). The steps are followed in order. If it is determined that the

Tyron Works (419-08-7667)

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claimant is or is not disabled at a step of the evaluation process, the evaluation will not go on to the next step.

At step one, the undersigned must determine whether the claimant is engaging in substantial gainful activity (20 CFR 404.1520(b)). Substantial gainful activity (SGA) is defined as work activity that is both substantial and gainful. "Substantial work activity" is work activity that involves doing significant physical or mental activities (20 CFR 404.1572(a)). "Gainful work activity" is work that is usually done for pay or profit, whether or not a profit is realized (20 CFR 404.1572(b)). Generally, if an individual has earnings from employment or self-employment above a specific level set out in the regulations, it is presumed that he has demonstrated the ability to engage in SGA (20 CFR 404.1574 and 404.1575). If an individual engages in SGA, he is not disabled regardless of how severe his physical or mental impairments are and regardless of his age, education, and work experience. If the individual is not engaging in SGA, the analysis proceeds to the second step.

At step two, the undersigned must determine whether the claimant has a medically determinable impairment that is "severe" or a combination of impairments that is "severe" (20 CFR 404.1520(c)). An impairment or combination of impairments is "severe" within the meaning of the regulations if it significantly limits an individual's ability to perform basic work activities. An impairment or combination of impairments is "not severe" when medical and other evidence establish only a slight abnormality or a combination of slight abnormalities that would have no more than a minimal effect on an individual's ability to work (20 CFR 404.1521; Social Security Rulings (SSRs) 85-28, 96-3p, and 96-4p). If the claimant does not have a severe medically determinable impairment or combination of impairments, he is not disabled. If the claimant has a severe impairment or combination of impairments, the analysis proceeds to the third step.

At step three, the undersigned must determine whether the claimant's impairment or combination of impairments meets or medically equals the criteria of an impairment listed in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525, and 404.1526). If the claimant's impairment or combination of impairments meets or medically equals the criteria of a listing and meets the duration requirement (20 CFR 404.1509), the claimant is disabled. If it does not, the analysis proceeds to the next step.

Before considering step four of the sequential evaluation process, the undersigned must first determine the claimant's residual functional capacity (20 CFR 404.1520(e)). An individual's residual functional capacity is his ability to do physical and mental work activities on a sustained basis despite limitations from his impairments. In making this finding, the undersigned must consider all of the claimant's impairments, including impairments that are not severe (20 CFR 404.1520(e) and 404.1545; SSR 96-8p).

Next, the undersigned must determine at step four whether the claimant has the residual functional capacity to perform the requirements of his past relevant work (20 CFR 404.1520(f)). The term past relevant work means work performed (either as the claimant actually performed it or as it is generally performed in the national economy) within the last 15 years or 15 years prior to the date that disability must be established. In addition, the work must have lasted long enough for the claimant to learn to do the job and have been SGA (20 CFR 404.1560(b) and

Tyron Works (419-08-7667)

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404.1565). If the claimant has the residual functional capacity to do his past relevant work, the claimant is not disabled. If the claimant is unable to do any past relevant work or does not have any past relevant work, the analysis proceeds to the fifth and last step.

At the last step of the sequential evaluation process (20 CFR 404.1520(g)), the undersigned must determine whether the claimant is able to do any other work considering his residual functional capacity, age, education, and work experience. If the claimant is able to do other work, he is not disabled. If the claimant is not able to do other work and meets the duration requirement, he is disabled. Although the claimant generally continues to have the burden of proving disability at this step, a limited burden of going forward with the evidence shifts to the Social Security Administration. In order to support a finding that an individual is not disabled at this step, the Social Security Administration is responsible for providing evidence that demonstrates that other work exists in significant numbers in the national economy that the claimant can do, given the residual functional capacity, age, education, and work experience (20 CFR 404.1512(g) and 404.1560(c)).

FINDINGS OF FACT AND CONCLUSIONS OF LAW

After careful consideration of the entire record, the undersigned makes the following findings:

- 1. The claimant meets the insured status requirements of the Social Security Act through December 31, 2009.**
- 2. The claimant has not engaged in substantial gainful activity since November 29, 2004, the alleged onset date (20 CFR 404.1520(b) and 404.1571 *et seq.*).**

After the alleged onset date, the claimant worked as a security officer and probation officer. According to the claimant, he was required to stand for prolonged periods of time and frequently bend and stoop, which caused back and knee pain. Based on information provided by the claimant, the Administrative Law Judge finds this work activity after the alleged onset date probably constitutes unsuccessful work attempts.

- 3. The claimant has the following severe impairments: some residual low back pain, status-post lumbar fusion, and bilateral knee pain, due to degenerative joint disease (20 CFR 404.1520(c)).**
- 4. The claimant does not have an impairment or combination of impairments that meets or medically equals one of the listed impairments in 20 CFR Part 404, Subpart P, Appendix 1 (20 CFR 404.1520(d), 404.1525 and 404.1526).**
- 5. After careful consideration of the entire record, the undersigned finds the claimant has the residual functional capacity to perform a reduced range of light to near full range of sedentary work activity. The claimant can stand and/or walk a combined total of four to six hours in an eight-hour workday, with a break every 30 to 45 minutes, and he can sit about six hours in an eight-hour workday, with routine breaks. The claimant can lift and carry a maximum of 10 pounds occasionally and five pounds frequently. He can pull 20**

pounds occasionally and 10 pounds frequently. He can occasionally bend, stoop and kneel, but should not crouch. He can ascend a flight of step slowly. He has no manipulative, visual, environmental or communicative limitations.

In making this finding, the undersigned considered all symptoms and the extent to which these symptoms can reasonably be accepted as consistent with the objective medical evidence and other evidence, based on the requirements of 20 CFR 404.1529 and SSRs 96-4p and 96-7p. The undersigned also considered opinion evidence in accordance with the requirements of 20 CFR 404.1527 and SSRs 96-2p, 96-5p, 96-6p and 06-3p.

In considering the claimant's symptoms, the undersigned must follow a two step process in which it must first be determined whether there is an underlying medically determinable physical or mental impairment(s)--i.e., an impairment(s) that can be shown by medically acceptable clinical and laboratory diagnostic techniques--that could reasonably be expected to produce the claimant's pain or other symptoms.

Second, once an underlying physical or mental impairment(s) that could reasonably be expected to produce the claimant's pain or other symptoms has been shown, the undersigned must evaluate the intensity, persistence, and limiting effects of the claimant's symptoms to determine the extent to which they limit the claimant's ability to do basic work activities. For this purpose, whenever statements about the intensity, persistence, or functionally limiting effects of pain or other symptoms are not substantiated by objective medical evidence, the undersigned must make a finding on the credibility of the statements based on a consideration of the entire case record.

Because a claimant's symptoms can sometimes suggest a greater level of severity of impairment than can be shown by the objective medical evidence alone, 20 CFR 404.1529(c) describes the kinds of evidence, including the factors below, that the undersigned must consider in addition to the objective medical evidence when assessing the credibility of the claimant's statements:

1. The claimant's daily activities;
2. The location, duration, frequency, and intensity of the claimant's pain or other symptoms;
3. Factors that precipitate and aggravate the symptoms;
4. The type, dosage, effectiveness, and side effects of any medication the claimant takes or has taken to alleviate pain or other symptoms;
5. Treatment, other than medication, the claimant receives or has received for relief of pain or other symptoms;
6. Any measures other than treatment the claimant uses or has used to relieve pain or other symptoms (e.g., lying flat on his or her back, standing for 15 to 20 minutes every hour, or sleeping on a board); and

7. Any other factors concerning the claimant's functional limitations and restrictions due to pain or other symptoms (SSR 96-7p).

The record shows the claimant has a history of emergency room visits in September and November 2004 and again in January 2005, complaining of chest tightness and atrial fibrillation. On each occasion, he was worked-up extensively and myocardial infarction was ruled out. He had normal stress echo tests and a negative event monitor report. On at least one occasion, the fibrillation spontaneously converted to sinus rhythm (Exhibits 1F and 2F). According to the claimant, he takes Cardizem CD daily. At a May 6, 2005, consultative examination, the claimant stated his atrial fibrillation is under good control with prescribed medication (Exhibit 7F). Aside from atrial fibrillation, treated by medication, the claimant does not have a medically determinable coronary condition. There is no evidence this condition causes any significant limitations. To the extent it might cause some mild limitations, they are consistent with the Administrative Law Judge's ultimate finding herein that the claimant should avoid any heavy or strenuous work activity.

The claimant apparently has a remote history of headaches. During the relevant time period, he visited the VA clinic in May and July 2006, with complaints of a "migraine headache." At the May 2006 visit, he stated his migraine headaches are rare (Exhibit 4F). In November 2006, the claimant returned to the VA clinic complaining of a severe headache, of two days duration. He was referred for a CT scan of the head, which was normal (Exhibit 13F). On November 29, 2006, the claimant was evaluated by H. Greene, M.D., neurologist. He complained of a remote history of headaches, with a recent headache lasting for about two weeks. Dr. Greene referred the claimant for an MR and angiogram of the brain, both which produced normal findings. On follow-up on December 1, 2006, the claimant reported the headache had essentially resolved and was only "slight." Dr. Greene prescribed Prednisone (Exhibit 12F). In an office note dated January 27, 2007, from J. Underwood, III, M.D., it is noted the claimant's headaches are stable (Exhibit 16F). At the hearing, the claimant testified he has had a few headaches since that time, but stated they are "minor headaches."

By all indication, the claimant's headaches, of recent onset, have responded well to prescribed medication. He had about three migraine-type headaches from May to December 2006, but since that time only minor headaches. On March 5, 2007, Dr. Greene offered an assessment of the claimant's ability to perform work activity (physical), opining he should avoid any heavy, strenuous work activity. He opined the claimant would be absent four or more times per month, "depending on his response to treatment by medication" (Exhibit 15F). By the claimant's testimony, his condition has responded well to prescribed treatment. Accordingly, there is no basis for a finding the claimant has severe headache pain rising to a level of severity or frequency to significantly interfere with work activity or which would result in frequent absenteeism from the workplace. Dr. Greene's opinion is that regard is not persuasive because the claimant's condition has responded well to prescribed medication.

The record shows the claimant has a remote history of military injuries to his bilateral knees and arthroscopic surgeries in May 1999, November 2000 and February 2003. According to a June 1, 2004, VA office visit, the claimant has bilateral chondromalacia. He apparently has a history of an old ankle sprain and an old right-shoulder injury as well. According to the claimant, he has

been recommended for repeat knee surgery at the VA. While the objective medical evidence in this regard is mainly historical, the Administrative Law Judge's ultimate finding the claimant should avoid any heavy lifting and prolonged standing or walking is consistent with his reported limitations and what is medically reasonable. Even assuming the claimant has repeat knee surgery, it is expected he will realize good results, within a short period of time.

The claimant's most significant complaints are due to a history of surgery. In November 2004, he visited the emergency room complaining of back pain after lifting 10 to 15 pounds. He was treated for acute myofascial strain and released home (Exhibit 3F).

On November 6, 2004, the claimant was evaluated by W. Pinchback, Jr., M.D., neurosurgeon. The claimant complained of back and off-on radicular-type pain. An x-ray of the lumbar spine showed slight narrowing at the L5/S1 disc space. Dr. Pinchback recommended aggressive physical therapy and numerous medications. On January 12, 2005, the claimant returned to Dr. Pinchback stating his back and occasional radicular leg pain was no better. He was referred for a lumbar MRI which showed marked desiccation at L5/S1, with a small broad based disc herniation, which was probably contacting with the S1 nerve root. Dr. Pinchback suggested surgery. On February 8, 2005, the claimant underwent a lumbar laminectomy and fusion at L5/S1, without complication (Exhibits 3F, 5F and 9F).

On April 20, 2005, about 10 weeks post-operative, the claimant returned on follow-up. He told Dr. Pinchback he was doing very well and not have any pain. Dr. Pinchback suggested he do lots of walking. On follow-up on June 22, 2005, the claimant again reported doing well, except for the fact he had a little bit of back pain after doing some yard work. By September 21, 2005, Dr. Pinchback opined the claimant was progressing well. The claimant was not complaining of any back or leg pain or discomfort. An x-ray showed union and good hardware alignment. He was referred for physical therapy (Exhibit 6F).

The evidence shows by at least September 21, 2005, about 10 months post-surgery, the claimant had achieved fusion/union, denied any back or leg pain and overall had progressed nicely. There is no objective medical or "other" basis for a finding the claimant's history of back pain and surgery precluded all work activity for a continuous 12-month period. The claimant did not return to Dr. Pinchback or any treating source with any back-related complaints for nearly one year thereafter.

On May 6, 2005, the claimant was referred to J. O'Colley, M.D., for a consultative examination. He was about 12 weeks post-surgery and still recuperating. On examination, range of motion, mobility and overall physical abilities were not yet at maximal capacity/ability. The claimant told Dr. O'Colley surgery helped, but he was still having pain. At this point in time, he reported he was able to walk two to three blocks and sit 30 to 45 minutes, an improvement in his level of functioning prior to back surgery. At the time of the evaluation, the claimant was still using a cane to assist in ambulation. He was wearing bilateral knee braces, prescribed by the VA. He reported he had a lumbar brace, but it was at home. Dr. O'Colley's impressions were status-post lumbar surgery, improving, with no evidence of radiculopathy, and degenerative joint disease of the knees. Dr. O'Colley opined the claimant could stand and walk four to six hours, in an eight-hour day, for 30 to 45 minutes at one time, and sit for six hours, with routine breaks. He opined

the claimant can lift and carry a maximum of 10 pounds occasionally and five pounds frequently. He can pull 20 pounds occasionally and 10 pounds frequently. He can occasionally bend, stoop and kneel, but should not crouch. He can ascend a flight of step slowly. He opined the claimant has no manipulative, visual, environmental or communicative limitations (Exhibit 7F).

Thereafter, the claimant apparently attempted a return to work, but the jobs he obtained either required prolonged standing and walking or repetitive bending and stooping, which he could not tolerate. In July 2006, about one and a half year after his surgery, the claimant visited the VA clinic complaining of back pain. He was working as a security guard, which required prolonged standing and walking, for 12-hour shifts. He was prescribed Toradol, Flexeril and a few Lortab (Exhibit 10F). In August 2006, nearly one year since his last visit to Dr. Pinchback, he returned complaining of back pain. He told Dr. Pinchback he had been doing okay, but tried to return to work as a security guard and was not able to do that work because of the prolonged standing and walking. He was referred for a lumbar MRI which showed post-operative changes, but no other significant findings. By August 14, 2006, the claimant reported to Dr. Pinchback his back felt better. Dr. Pinchback felt the claimant's symptoms were related to chronic lumbar strain and recommended a course of physical therapy (Exhibit 11F).

At the hearing, the claimant testified he tried to work, but the security guard job required prolonged standing and walking (12-hour shifts) and the probation officer position required he lift, carry and file away case files. He testified he could not perform the repetitive bending and stooping associated with the latter job. He testified he is enrolled in college and working towards a degree in criminal justice. Most of his studies are on the internet. He testified he still has muscle spasms and back stiffness. He testified when he has spasms, he needs to lie down. He testified he has about four spasms per week. He takes prescribed Darvocet, but it makes him tired. He testified he did well in the past with knee surgery and has been recommended to see at orthopedist at the VA for another possible knee surgery. He estimated he can walk about one block, then needs to stop due to back pain. He estimate he can stand about 30 minutes and sit about 30 minutes, but then needs to reposition.

The claimant's testimony is partially credited, but not fully credited. Based on the objective medical evidence, he received excellent surgical results. He did not visit with his treating surgeon or any treating source for nearly one year after his surgery. The claimant specifically denied any back or radicular pain, status-post surgery. Once he started working as a security guard and engaged in prolonged standing and walking for 12-hour shifts, he had an exacerbation of pain and returned to treatment. A repeat MRI was negative. Dr. Pinchback's impression was back strain and he referred the claimant for physical therapy. By all indication, his latter exacerbation resolved once he stopped engaging in work activity beyond his physical abilities. There is no objective medical or "other" credible basis for a finding the claimant's symptoms have persisted at the degree of severity he alleges for any continuous 12-month period. He has not complained of adverse medication side affects to any treating source.

After considering the evidence of record, the undersigned finds that the claimant's medically determinable impairments could reasonably be expected to produce the alleged symptoms, but that the claimant's statements concerning the intensity, persistence and limiting effects of these symptoms are not entirely credible.

There are no treating source assessments for the undersigned to consider. Dr. Pinchback has encouraged the claimant to walk as much as possible. For his latter exacerbation of pain, he recommended physical therapy. Dr. O'Colley, the examining consultative physician, opined the claimant is precluded from any heavy, strenuous work, but is able to perform a range of light and sedentary work, with some postural limitations (Exhibit 7F). The non-examining state agency program physician opined the claimant retains the residual functional capacity to perform a near full range of light work activity (Exhibit 8F). Dr. Greene, the claimant's treating neurologist, opined the claimant retains the residual functional capacity to perform a range of light and sedentary work activity, generally consistent with the opinion of Dr. O'Colley (Exhibit 15F). Dr. Greene's opinion the claimant would be absent four days per month due to headache pain is not persuasive, for reasons explained earlier in this decision. Overall, Dr. Greene's opinion is found not to be the best assessment of the claimant's ability to perform work activity, considering he only treated the claimant for headache pain. Dr. Greene is not in a position to evaluate how the claimant's back and/or knee condition affects his ability to work. After careful consideration to all the evidence, the Administrative Law Judge is fully persuaded by the opinion of Dr. O'Colley, the examining consultative physician, which is adopted herein. Dr. O'Colley's opinion is consistent with and supported by the evidence as a whole and is reasonable while considering the claimant's impairment(s). Even though the claimant had not fully recuperated from lumbar surgery at the time Dr. O'Colley examined him, the limitations assessed seem medically reasonable. The opinion of the non-examining state agency program physician is not persuasive because it requires the claimant engage in prolonged standing and walking, which he has demonstrated he is not capable of doing.

6. The claimant is unable to perform any past relevant work (20 CFR 404.1565).

Mr. Strader, the impartial vocational expert witness at the hearing, described the claimant's past relevant work as a helicopter mechanic and logistics manager as medium in exertion and skilled and computer information technician (state government) and assistant store manager (video rental) as light in exertion and semi-skilled. Based on the claimant's residual functional capacity as defined, Mr. Strader testified he would not be able to perform his past work.

7. The claimant was born on February 6, 1972, and was 32 years old, which is defined as a younger individual age 18-44, on the alleged disability onset date (20 CFR 404.1563).

8. The claimant has at least a high school education and is able to communicate in English (20 CFR 404.1564).

9. Transferability of job skills is not material to the determination of disability because using the Medical-Vocational Rules as a framework supports a finding that the claimant is "not disabled," whether or not the claimant has transferable job skills (See SSR 82-41 and 20 CFR Part 404, Subpart P, Appendix 2).

10. Considering the claimant's age, education, work experience, and residual functional capacity, there are jobs that exist in significant numbers in the national economy that the claimant can perform (20 CFR 404.1560(c) and 404.1566).

In determining whether a successful adjustment to other work can be made, the undersigned must consider the claimant's residual functional capacity, age, education, and work experience in conjunction with the Medical-Vocational Guidelines, 20 CFR Part 404, Subpart P, Appendix 2. If the claimant can perform all or substantially all of the exertional demands at a given level of exertion, the medical-vocational rules direct a conclusion of either "disabled" or "not disabled" depending upon the claimant's specific vocational profile (SSR 83-11). When the claimant cannot perform substantially all of the exertional demands of work at a given level of exertion and/or has nonexertional limitations, the medical-vocational rules are used as a framework for decisionmaking unless there is a rule that directs a conclusion of "disabled" without considering the additional exertional and/or nonexertional limitations (SSRs 83-12 and 83-14). If the claimant has solely nonexertional limitations, section 204.00 in the Medical-Vocational Guidelines provides a framework for decisionmaking (SSR 85-15).

If the claimant had the residual functional capacity to perform the full range of light or sedentary work, a finding of "not disabled" would be directed by Medical-Vocational Rules 202.21 and 201.28. However, the claimant's ability to perform all or substantially all of the requirements of these levels of work has been impeded by additional limitations. To determine the extent to which these limitations erode the unskilled light occupational base, the Administrative Law Judge asked the vocational expert whether jobs exist in the national economy for an individual with the claimant's age, education, work experience, and residual functional capacity. Mr. Strader persuasively testified that given all of these factors the individual would be able to perform the requirements of representative occupations such as sedentary dispatcher (SVP3), 1300 jobs in the state of Alabama and 81,800 jobs in the United States; sedentary shipping and receiving clerk (SPV3), 1700 jobs in Alabama and 110,900 jobs in the United States; and, sedentary cashier (SVP3), 12,200 jobs in Alabama and 708,300 jobs in the United States, as examples.

Mr. Strader testified that none of the jobs, in the incidence cited, require the performance of job duties precluded by the claimant's residual functional capacity, as defined. Finally, pursuant to SSR 00-4p, the vocational expert's testimony is consistent with the information contained in the *Dictionary of Occupational Titles*.

The Administrative Law Judge is persuaded by the testimony of the vocational expert and concludes that, considering the claimant's age, education, work experience, and residual functional capacity, the claimant has been capable of making a successful adjustment to other work that exists in significant numbers in the national economy. A finding of "not disabled" is therefore appropriate under the framework of the above-cited rules and Social Security Rulings 83-12, 96-2p and 85-15.

11. The claimant has not been under a disability, as defined in the Social Security Act, from November 29, 2004, through the date of this decision (20 CFR 404.1520(g)).

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DECISION

Based on the application for a period of disability and disability insurance benefits protectively filed on December 29, 2004, the claimant is not disabled under sections 216(i) and 223(d) of the Social Security Act.



William G. Reamon
Administrative Law Judge

APR 17 2007
Date



SOCIAL SECURITY ADMINISTRATION

27

Refer To:
419-08-7667
Tyron Works

Office of Disability Adjudication and Review
405 South 7th St
Paducah, KY 42003
Tel: (270)443-0440 / Fax: (270)441-7911

March 8, 2007

Tyron Works
435 Lurene Circle
Montgomery, AL 36109

NOTICE OF HEARING

I have scheduled your hearing for:

Day: Thursday **Date:** March 22, 2007 **Time:** 9:45 AM
Central (CST)

Room: HR 1 **Address:** Montgomery HR 1 O D A R
3381 Atlanta Highway
Montgomery, AL 36109

It Is Important That You Come To Your Hearing

YOU MUST BRING A PICTURE ID TO THE HEARING

I have set aside this time to hear your case. If you do not appear at the hearing and I do not find that you have good cause for failing to appear, I may dismiss your request for hearing. I may do so without giving you further notice.

Complete The Enclosed Form

Please complete and return the enclosed acknowledgment form to let me know you received this notice. Use the enclosed envelope to return the form to me within 5 days of the date you receive this notice. We assume you got this notice 5 days after the date on it unless you show us that you did not get it within the 5-day period.

If You Cannot Come to Your Scheduled Hearing

If you cannot come to your hearing at the time and place I have set, call this office immediately. Also mail in the form right away.

See Next Page

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If you object to the set time and place, but do not request a change at the earliest possible opportunity at which you could do so before the time set for the hearing, I will rule on your request based on our standards for deciding if there is a good reason for not timely filing a request and our standards for deciding if there is a good reason for changing the time and place of a scheduled hearing. I will apply these standards in considering any objection to the set time and place that is not timely submitted.

To request a change, you must state why you object to the time or place set. You also must state the time and place you want the hearing held. You should do this in writing if at all possible.

If I find you have a good reason, I will reschedule the hearing for a time and place I set. I will also mail you another notice at least 20 days before the date of the hearing.

Travel Costs

When you, a representative, or needed witnesses will travel more than 75 miles one way to the hearing, we can pay certain travel costs. I am enclosing a sheet telling about our rules for doing that. Please call me if you want more information.

Issues I Will Consider In Your Case

The hearing concerns your application of July 18, 2005, for a period of disability and Disability Insurance Benefits under sections 216(i) and 223(a) of the Social Security Act.

I will decide if you have enough earnings under Social Security to be insured for Disability Insurance Benefits. If you do, I must decide if you became disabled while insured.

Under the Act, I may find you disabled for those benefits only if you have a physical or mental impairment that:

- has prevented you from doing any substantial gainful work; and
- has lasted 12 straight months or can be expected to last for that time or result in death

To decide if you are disabled, I will follow a step-by-step process until I can make a decision. The issues in this process concern:

- any work you have done since you got sick;
- the severity of your impairment(s); and
- your ability to do the kind of work you did in the past and, considering your age, education and work experience, any other work that exists in the national economy.

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Our regulations explain the rules for deciding if you are disabled and, if so, when you came disabled. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart P.

More About The Issues

If I find that drug addiction and/or alcoholism is an issue, I also will decide whether it is a contributing factor material to the determination of your disability. Further, if drug addiction or alcoholism is a contributing factor material to the determination of your disability, I will find you not disabled pursuant to Sections 223(d)(2) and 1614(a)(3) of the Social Security Act as amended by Public Law 104-121.

If you qualify for benefits based on disability, I will also decide if your disability continues. I will consider whether there has been any medical improvement in your impairment(s) or whether one of the exceptions to medical improvement stated in the regulations applies. Unless certain exceptions apply, I will find you still disabled if you have not become able to work.

Remarks

A vocational expert will testify at your hearing.

If You Have Objections

If you object to the issues I have stated, or to any other aspect of the scheduled hearing, you must tell me in writing why you object. You must do this at the earliest possible opportunity before the hearing.

You May Submit Additional Evidence And Review Your File

If there is more evidence you want to submit, get it to me right away. If you cannot get the evidence to me before the hearing, bring it to the hearing. If you want to see your file before the date of the hearing, call this office.

Your Right To Request a Subpoena

I may issue a subpoena that requires a person to submit documents or testify at your hearing. I will issue a subpoena if it is reasonably necessary for the full presentation of your case.

If you want me to issue a subpoena, you must submit a written request. You should submit the request as soon as possible before the hearing. The request must identify the needed documents or witnesses and their location, state the important facts the document or witness is expected to prove, and indicate why you cannot prove these facts without a subpoena.

What Happens At The Hearing

- You may review your file. If you wish to do so, please arrive 30 minutes before the time set for the hearing. Call us if you want more time.
- You will have a chance to testify and tell me about your case.
- You (and your representative) may submit documents, present and question witnesses, state your case, and present written statements about the facts and law.
- I will question you and any other witnesses about the issues. You and any other witnesses must normally testify under oath or affirmation.
- We will make an audio recording of the hearing.

My Decision

After the hearing, I will issue a written decision explaining my findings of fact and conclusions of law. I will base my decision on all the evidence of record, including the testimony at the hearing. I will mail a copy of the decision to you.

If You Have Any Questions

If you have any questions, please call or write this office. Our telephone number and address are shown on the first page of this notice.

William G. Reamon
Administrative Law Judge

Enclosures

cc: S. Kay Dansby
4216 N Carmichael Ct
Po Box 11352
Montgomery, AL 36111-0352

When we can pay travel expenses

If you must travel more than 75 miles one way from your home or office to attend the hearing, we can pay certain costs. Here are the rules that apply:

- We can pay your transportation expenses such as the cost of a bus ticket or expenses for driving your car.
- In certain circumstances, you may need meals, lodging, or taxicabs. The Administrative Law Judge (ALJ) must approve these special travel costs **before the hearing unless** the costs were unexpected and unavoidable.
- The ALJ may also approve payment of similar travel expenses for your representative and any witnesses he or she determines are needed at the hearing.
- You must submit a written request for payment of travel expenses to the ALJ at the time of the hearing or as soon as possible after the hearing. List what you spent and include supporting receipts. If you requested a change in the scheduled location of the hearing to a location farther from your residence, we cannot pay you for any **additional** travel expenses.
- If you need money for travel costs in advance, you should tell the ALJ as soon as possible **before the hearing**. We can make an advance payment only if you show that without it you would not have the funds to travel to or from the hearing.
- If you receive travel money in advance, you must give the ALJ an itemized list of your actual travel costs and receipts within 20 days after your hearing.
- If we gave you an advance payment that is more than the amount you are due for travel costs, you must pay back the difference within 20 days after we tell you how much you owe us.

BJ

SOCIAL SECURITY ADMINISTRATION

258025

DISABILITY DETERMINATION AND TRANSMITTAL

1. DESTINATION DDS <input checked="" type="checkbox"/> ODO <input type="checkbox"/> DRS <input type="checkbox"/> DQB <input type="checkbox"/> INTPSC <input type="checkbox"/>		2. DDS CODE S01	3. FILING DATE 01/10/05	4. SSN 419-08-7667	BIC (if CDB or DMB CLAIM) 32
5. NAME AND ADDRESS OF CLAIMANT (include ZIP Code) TYRON WORKS 435 LURENE CIRCLE MONTGOMERY AL 36109				6. WE'S NAME (if CDB or DMB CLAIM)	
9. DATE OF BIRTH 02/06/72				10. PRIOR ACTION PD <input type="checkbox"/> PT <input type="checkbox"/>	
12. DISTRICT-BRANCH OFFICE ADDRESS (include ZIP Code) 2450 PRESIDENTS DRIVE MONTGOMERY AL 36116-1616 (334) 223-7183				DO-BO CODE 623	
11. REMARKS (334) 279-8671 RECEIPTED 01/18/05 AOD 11/29/04 DLI 12/31/08				7. TYPE CLAIM (Title II) DIB <input checked="" type="checkbox"/> FZ <input type="checkbox"/> DMB <input type="checkbox"/> CDB-R <input type="checkbox"/> CDB-D <input type="checkbox"/> RD-R <input type="checkbox"/> RD-D <input type="checkbox"/> RD <input type="checkbox"/> P-R <input type="checkbox"/> P-D <input type="checkbox"/> MQFE <input type="checkbox"/>	
8. TYPE CLAIM (Title XVI) DI <input type="checkbox"/> DS <input type="checkbox"/> DC <input type="checkbox"/> BI <input type="checkbox"/> BS <input type="checkbox"/> BC <input type="checkbox"/>				11A. <input type="checkbox"/> Presumptive Disability	
13. DO-BO REPRESENTATIVE				11B. <input type="checkbox"/> Impairment	
14. DATE					
15. CLAIMANT DISABLED A. <input type="checkbox"/> Disability Began B. <input type="checkbox"/> Disability Ceased					
16A. PRIMARY DIAGNOSIS Degenerative Disc Disease					
16B. SECONDARY DIAGNOSIS Degenerative Joint Disease					
17. DIARY TYPE MO./YR. REASON					
18. CASE OF BLINDNESS AS DEFINED IN SEC. 1614(a)(2)/(216)(1)					
19. CLAIMANT NOT DISABLED A. <input checked="" type="checkbox"/> Through Date of Current Determination B. <input type="checkbox"/> Through C. <input type="checkbox"/> Before Age 22 (CDB only)					
20. VOCATIONAL BACKGROUND OCC. YRS. 02 ED YRS. 15 21. VR ACTION SC IN <input type="checkbox"/> SC OUT <input checked="" type="checkbox"/> Prev Ref <input type="checkbox"/>					
22. REG-BASIS CODE E3-1509					
23. MED LIST NO.					
24. MOB CODE					
25. REVISED DET <input type="checkbox"/>					
25A. Initial Recon Recon DHU ALJ Hearing Appeals Council U.S. District Court A. <input checked="" type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/>					
26. LIST NO. > A. B. C. D. E. F.					
27. RATIONALE <input checked="" type="checkbox"/> See Attached SSA-4268-U4/C4 <input type="checkbox"/> Check if Vocational Rule Met. Cite Rule					
28. A. <input type="checkbox"/> Period of Disability B. <input type="checkbox"/> Disability Period C. <input type="checkbox"/> Estab Beg. AND D. <input type="checkbox"/> Continues E. <input type="checkbox"/> Term					
29. LTR/PAR NO. DDS/DL 443R		30. DISABILITY EXAMINER-DDS Beth E Jones		31. DATE 05/19/05	
32A. PHYSICIAN OR MEDICAL SPEC. NAME (Stamp, Print or Type)				33. DATE 05/19/05	
32B. SPEC. CODE 19				34. REMARKS	
35. BASIS CODE				36. REV.DET. CODES	
37. SSA REPRESENTATIVE				38. DATE A	
39. BASIS CODE				40. REV.DET. CODES	
41. SSA REPRESENTATIVE				42. DATE	

Social Security Administration

EXPLANATION OF DETERMINATION

33

Name of Claimant TYRON WORKS	M/E's Name (If CDB or DMB)	SSN 419-08-7667	Type of Claim INDIB
---------------------------------	----------------------------	--------------------	------------------------

The evidence listed was used in evaluating your claim.

Warner L Pinchback Jr MD Report Received 02/08/05
 Warner L Pinchback Jr MD Report Received 04/19/05
 ADVANCED MEDICAL IMAGING CTR Report Received 01/31/05
 Iliana Arellano MD Report Received 02/11/05
 BAPTIST MEDICAL CENTER SOUTH Report Received 04/18/05
 BAPTIST MEDICAL CENTER EAST Report Received 01/28/05
 JEFFERSON UNDERWOOD III MD Report Received 02/07/05
 VETERANS ADMINISTRATION Report Received 01/25/05
 MDSI PHYSICIAN GROUP INC Consultative Exam 05/06/05

In addition to the reports listed, information that you and others provided about how your condition(s) affects your ability to function was considered.

We have determined that your condition is not expected to remain severe enough for 12 months in a row to keep you from working. In deciding this we considered the medical evidence, your statements and how your condition affected your ability to work.

You state you became disabled on 11/29/04 because of heart problems, back problems and problems with your knees. In order to be eligible for disability benefits, you must have a disabling condition(s) that is expected to last for twelve (12) consecutive months. The evidence indicates your condition keeps you from working at the present time. Based on your age and education, within twelve (12) months from the onset of your condition, you should have the ability to return to your past work as a/an I T Tech as this job is normally performed in the national economy.

If your condition does not improve as expected, write, call or visit any Social Security office.

In evaluating this claim, we have considered the opinions and comments about the condition(s) provided by the treating doctor/consulting physician. However, the decision was not made only on the treating doctor's/consulting physician's opinion because there were other more detailed medical findings or tests that led to this decision.



Refer To:
419-08-7667
Tyron Works

Office of Disability Adjudication and Review
405 South 7th St
Paducah, KY 42003
Tel: (270)443-0440 / Fax: (270)441-7911

March 8, 2007

S. Kay Dansby, P C
4216 N Carmichael Ct
Po Box 11352
Montgomery, AL 36111-0352

Dear S. Kay Dansby:

In reviewing the file in the above case there was an indication that the claimant has undergone recent medical treatment or vocational rehabilitation.

If you wish the records of that treatment to be considered, please send the evidence to the Paducah Hearing Office as soon as possible but at least one week before the claimant's scheduled hearing.

Your cooperation is appreciated.

Sincerely yours,

William G. Reamon
Administrative Law Judge

cc: Tyron Works
435 Lurene Circle
Montgomery, AL 36109

B

35

Social Security Administration
Office of Disability Adjudication and Review

Form Approved
OMB No.0960-0292

CLAIMANT'S RECENT MEDICAL TREATMENT

A. To be completed by Hearing Office staff

Claimant's Name: Tyron Works	SSN: 419-08-7667	The last time your case was brought up-to-date:
---------------------------------	---------------------	---

B. To be completed by claimant

Please Answer the Following Questions:

1) Have you been treated or examined by a doctor (other than a doctor at a hospital) since the above date? ☐ Yes ☐ No

(List the names and addresses of doctors who have treated or examined you since the above date and the dates of treatment or examination. If possible, you should submit an updated report from these doctors to the Administrative Law Judge prior to the date of your hearing.)

DOCTORS' NAME(S)	ADDRESS(ES)	DATE(S)

2) What have these doctors told you about your condition?

3) Have you been hospitalized since the above date? ☐ Yes ☐ No

(If so, please state the name and address of the hospital, the reasons why you were hospitalized and the nature of the treatment you received.)

Name of Hospital	Address of Hospital (include ZIP code)

If more space is needed use the back of the form

**PLEASE READ THE PRIVACY ACT
STATEMENT ON THE NEXT PAGE**

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Social Security Administration
Office of Disability Adjudication and Review

Form Approved
OMB No.0960-0289

CLAIMANT'S MEDICATIONS**A. To be completed by Hearing Office**

Claimant and Social Security Number:

Tyron Works 419-08-7667

Wage Earner and Social Security Number
(Leave blank if same as claimant):

The last time we brought your case
up-to-date was:

B. To be completed by the claimant**PLEASE PRINT**

PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING, IF THE NAME OF THE MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR PHARMACIST.

NAME OF MEDICATION & DOSAGE	DATE FIRST PRESCRIBED	DAILY AMOUNT TAKEN	REASONS FOR MEDICATION	NAME OF PHYSICIAN

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.

If more space is needed use additional sheets

**PLEASE READ THE PRIVACY ACT
STATEMENT ON THE NEXT PAGE**

37

Social Security Administration
Office of Disability Adjudication and Review

Form Approved
OMB No.0960-0300

CLAIMANT'S WORK BACKGROUND

A. To be completed by Hearing Office

Claimant and Social Security Number:

Tyron Works 419-08-7667

Wage Earner and Social Security Number
(Leave blank if same as claimant):

The last time we brought your case
up-to-date was:

B. To be completed by the claimant

PLEASE PRINT

Start with your most recent job, and list that and any work performed within the past 15 years.

DATE OF EMPLOYMENT (APPROXIMATELY)	NAME OF EMPLOYER AND LOCATION OF EMPLOYMENT	DUTIES PERFORMED
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

PLEASE READ THE PRIVACY ACT
STATEMENT ON THE NEXT PAGE

If more space is needed use additional sheets

PRIVACY ACT AND PAPERWORK ACT NOTICE

The Social Security Act (sections 205(a), 702, 1631(e)(1)(A) and (B), and 1869(b)(1) and (C), as appropriate) authorizes the collection of information on this form. We will use the information on your work background to help us decide if we need to obtain more information. You do not have to give it, but if you do not you may not receive benefits under the Social Security Act. We may give out the information on this form without your written consent, if we need to get more information to decide if you are eligible for benefits or if a Federal law requires us to do so. Specifically, we may provide information to another Federal, State, or local government agency which is deciding your eligibility for a government benefit or program; to the President or Congressman inquiring on your behalf; to an independent party who needs statistical information for a research paper or audit report on a Social Security program; or to the Department of Justice to represent the Federal Government in a court suit related to a program administered by the Social Security Administration.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

RESUME

ROBERT N. STRADER

Two Portofino Drive, #1305
Pensacola Beach, Florida 32561
850/916-2585
Cell: 504/452-5095

EMPLOYMENT HISTORY:

June, 1992 – Present
Self-employed as a Vocational Consultant
Identify transferable job skills, locate alternative
jobs, provide guidance, administer tests and
provide job placement services to injured workers.

March, 1973 – October, 1981
Vocational Rehabilitation Counselor
State of Louisiana
Provided rehabilitation services to the handicapped.

October, 1981 – January, 1990
Rehabilitation District Supervisor
State of Louisiana
Office Manager and Supervisor of seven counselors

February, 1990 – May, 1992
Vocational Consultant
Crawford Health & Rehabilitation
Provided vocational guidance and job placement
services to injured workers.

EDUCATION:

Masters Degree in Counseling
Loyola University, New Orleans, LA
Bachelor of Science in Education
Southeastern Louisiana University, Hammond, LA

CERTIFICATION:

Licensed Rehabilitation Counselor (#135)
Qualified as an Expert Witness for the court
systems in Orleans, Jefferson and Terrebonne
Parishes of Louisiana. I have been a Vocational
Expert with the Social Security Administration
since 1990.

Social Security Administration

Form Approved

Please read the back of the last copy before you complete this form

OMB No. 0960-0527

Name (Claimant) (Print or Type) Tyron Works	Social Security Number 419-08-7667
Wage Earner (If Different)	Social Security Number

Part I APPOINTMENT OF REPRESENTATIVEI appoint this person, S. Kay Dansby

to act as my representative in connection with my claim(s) or asserted right(s) under:

☒ Title II (RSDI)
 ☒ Title XVI (SSI)
 ☐ Title FMSHA (Black Lung)
 ☐ Title XVIII (Medicare Coverage)
 ☐ Title XII (SVB)

This person may, entirely in my place, make any request or give any notice; give or draw out evidence or information; get information; and receive any notice in connection with my pending claim(s) or asserted right(s).

☐ I am appointing, or I now have, more than one representative. My main representative is

(Name of principal Representative)

Signature (Claimant) <i>Tyron Works</i>	Address 435 Lurene Circle Montgomery, AL 36109
Telephone Number (with Area Code) (334)279-8671	Date July 13, 2005

Part II ACCEPTANCE OF APPOINTMENT

I, S. Kay Dansby, hereby accept the above appointment. I certify that I have not been suspended or prohibited from practice before the Social Security Administration; that I am not disqualified from representing the claimant as a current or former officer or employee of the United States; and that I will not charge or collect any fee for the representation, even if a third party will pay the fee, unless it has been approved in accordance with the laws and rules referred to on the reverse side of the representative's copy of this form. If I decide not to charge or collect a fee for the representation, I will notify the Social Security Administration. (Completion of Part III satisfies this requirement.)

☒ I am an attorney.
 ☐ I am not an attorney.
 (Check one.)

Signature (Representative) <i>S. Kay Dansby</i>	Address P. O. Box 11352, Montgomery, AL 36111-0352	
Telephone Number (with Area Code) (334) 834-7001	Fax Number (with Area Code) (334) 834-7002 <table border="1" style="float: right;"> <tr> <td>Date 07/13/2005</td> </tr> </table>	Date 07/13/2005
Date 07/13/2005		

Part III (Optional) WAIVER OF FEE

I waive my right to charge and collect a fee under Section 206 and 1631(d)(2) of the Social Security Act. I release my client (the claimant) from any obligations, contractual or otherwise, which may be owed to me for services I have provided in connection with my client's claim(s) or asserted right(s).

Signature (Representative)	Date
----------------------------	------

Part IV (Optional) WAIVER OF DIRECT PAYMENT

I waive only my right to direct payment of a fee from the withheld past-due retirement, survivors, disability insurance or black lung benefits of my client (the claimant). I do not waive my right to request fee approval and to collect a fee directly from my client or a third party.

Signature (Representative)	Address
----------------------------	---------

FEE AGREEMENT

This Agreement is entered into this 07/13/2005, between S. Kay Dansby, Attorney, and Tyron Works, Social Security No. 419-08-7667.

It is agreed that S. Kay Dansby has been employed to act as my attorney for me in my claim for Social Security benefits.

We understand that for a fee to be payable, the Social Security Administration (SSA) must approve any fee my attorney charges or collects from me for services my representative provides in proceedings before SSA in connection with my claim(s) for benefits.

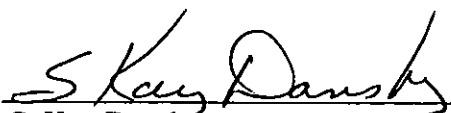
We agree that if SSA favorably decides the claim(s), I will pay my representative a fee equal to the lesser of 25 percent of the past-due benefits resulting from my claim(s) or \$5,300.00.

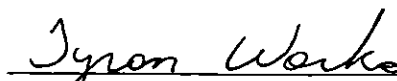
I further agree to contact the attorney's office within three (3) business days after receiving my first installment of past due benefits. I further agree that, if any portion of the fee or expenses I am to pay is not paid in a timely manner, and further action is necessary for collection, then I agree to pay additional reasonable attorney's fees, interest, and costs of collection.

We further understand that Social Security past-due benefits are the total amount of money to which I and (and my auxiliary beneficiaries) become entitled through the month before the month SSA effectuates a favorable administrative determination or decision on my Social Security claim and that Supplemental Security Income (SSI) past-due benefits are the total amount of money for which I become eligible through the month SSA effectuates a favorable administrative determination or decision on my SSI claim. We further understand that the fee for both claims may not exceed the lesser of \$5,300.00 or 25 percent of the combined past-due benefits.

I further agree to pay S. Kay Dansby any costs which may be incurred in the preparation of my claim, including, but not limited to, the cost of medical reports, medical examinations, vocational evaluations, or any other costs which are necessary in my case. I understand that I am responsible for the payment of all costs whether or not I receive any benefits from SSA.

I acknowledge that no representation has been made as to the outcome of my claim, nor has any representation been made as to the amount of any award. I further acknowledge that I have read, or have been read, this agreement, that I understand and accept its terms and conditions, and that I have received a signed copy of this agreement.


S. Kay Dansby


Tyron Works

SOCIAL SECURITY ADMINISTRATION

42

Refer To: Tyron Works
419-08-7667

Office of Hearings and Appeals
3381 Atlanta Highway
Montgomery, Alabama 36109
Tel: (334) 223-7503 / Fax: (334) 223-7069

October 26, 2006

S. Kay Dansby
P.O. Box 11352
Montgomery, AL 36111

Dear Ms. Dansby:

A request for a Social Security disability hearing has been filed by the claimant, and the record shows that you are representing this person. A copy of the exhibit list is enclosed. To examine the file, please contact us by telephone or fax at least two days prior to your planned review.

It is the claimant's responsibility to provide medical evidence showing that he or she has an impairment(s) and how severe it is during the time he or she alleges disability (20 CFR §404.1512(c)). Please provide all medical records (not duplicates) from one year prior to the alleged onset date to the present and any other relevant records (including school records) unless they are already in the file.

As soon as we receive these records, we will review your case to determine if we can make a fully favorable decision without a hearing. If we cannot make a decision on the record, we will schedule your case for hearing. Therefore, it is to your advantage to submit the evidence as soon as possible.

Sincerely yours,

Charles Thigpen
Administrative Law Judge

Cc: Tyron Works
435 Lurene Circle
Montgomery, AL 36109

SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALSForm Approved
OMB No. 0960-0269**REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE**

(Take or mail the signed original to your local Social Security office, the Veterans Affairs Regional Office in Manila or any U.S. Foreign Service post and keep a copy for your records)

See
Privacy Act Notice

1. CLAIMANT Tyron Works	2. WAGE EARNER, IF DIFFERENT	3. SOC. SEC. CLAIM NUMBER 419-08-7667	4. SPOUSES'S CLAIM NUMBER
----------------------------	------------------------------	--	---------------------------

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

I am disabled within the meaning of the Social Security Act.

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the date set for a hearing.

6. I have additional evidence to submit. ☐ Yes ☐ No

Name and address of source of additional evidence:

(Please submit it to the hearing office within 10 days. Your servicing Social Security Office will provide the address. Attach an individual sheet if you need more space.)

7. Check one of the blocks:

☒ I wish to appear at a hearing.☐ I do not wish to appear at a hearing and I request that a decision be made based on the evidence in my case. (Complete Waiver Form HA-4608)

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security office will give you a list of legal referral and service organizations. (If you are represented and have not done so previously, complete and submit for SSA-1696 (Appointment of Representative).)

You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

8. (CLAIMANT'S SIGNATURE) <i>Tyron Works</i> (DATE) <i>7/13/05</i>	9. (REPRESENTATIVE'S SIGNATURE/NAME) <i>S Kay Dansby</i> (DATE) <i>7/13/05</i>
ADDRESS 435 Lurene Circle	(ADDRESS) <input checked="" type="checkbox"/> ATTORNEY; <input type="checkbox"/> NON ATTORNEY P.O. Box 11352
CITY STATE ZIP CODE Montgomery AL 36109	CITY STATE ZIP CODE Montgomery AL 36111-0352
TELEPHONE NUMBER (334) 279-8671	TELEPHONE NUMBER (334) 834-7001
FAX NUMBER ()	FAX NUMBER (334) 834-7002

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION-ACKNOWLEDGMENT OF REQUEST FOR HEARING

10. Request received for the Social Security Administration on _____ by: _____ (Date) (Print Name)	
_____ (Title) (Address) (Servicing FO Code) (PC Code)	
11. Was the request for hearing received within 65 days of the reconsidered determination? <input type="checkbox"/> YES <input type="checkbox"/> NO If no is checked, attach claimant's explanation for delay; and attach copy of appointment notice, letter, or other pertinent material or information in the Social Security office.	
12. Claimant is represented <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> List of legal referral and service organizations provided	
13. Interpreter needed <input type="checkbox"/> Yes <input type="checkbox"/> No Language (including sign language): _____	
14. Check one: <input type="checkbox"/> Initial Entitlement Case <input type="checkbox"/> Disability Cessation Case <input type="checkbox"/> Other Postentitlement Case	
16. HO COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII; or <input type="checkbox"/> Title II CF held in FO to establish CAPS ORBIT; or <input type="checkbox"/> CF requested <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI; <input type="checkbox"/> Title VIII (Copy of teletype or phone report attached)	
17. CF COPY SENT TO: _____ HO on _____ <input type="checkbox"/> CF Attached: <input type="checkbox"/> Title II; <input type="checkbox"/> Title XVI <input type="checkbox"/> Other Attached: _____	
15. Check all claim types that apply: <input type="checkbox"/> RSI only (RSI) <input type="checkbox"/> Title II Disability - worker or child only (DIWC) <input type="checkbox"/> Title II Disability - Widow(er) only (DIWW) <input type="checkbox"/> SSI Aged only (SSIA) <input type="checkbox"/> SSI Blind only (SSIB) <input type="checkbox"/> SSI Disability only (SSID) <input type="checkbox"/> SSI Aged/Title II (SSAC) <input type="checkbox"/> SSI Blind/Title II (SSBC) <input type="checkbox"/> SSI Disability/Title II (SSDC) <input type="checkbox"/> HI Entitlement (HIE) <input type="checkbox"/> Title VIII only (SVB) <input type="checkbox"/> Title VIII/Title XVI (SVB/SSI) <input type="checkbox"/> Other - Specify _____	

Social Security Administration
 RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
 Notice of Disapproved Claim

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DATE: MAY 26 2005

TYRON WORKS
 435 LURENE CIRCLE
 MONTGOMERY AL 36109

Claim Number: 419-08-7667
 WE's Number:

Telephone: (334) 223-7183

We are writing about your claim for Social Security disability benefits. Based on a review of your health problems you do not qualify for benefits on this claim. This is because you are not disabled under our rules.

We have enclosed information about the disability rules and more details about the decision on your claim.

ABOUT THE DECISION

The trained staff who decided this case work for the state but used our rules.

Please remember that there are many types of disability programs, both government and private, which use different rules. A person may be receiving benefits under another program and still not be entitled under our rules. This may be true in your case.

IF YOU DISAGREE WITH THE DECISION

If you disagree with this decision, you have the right to request a hearing. A person who has not seen your case before will look at it.

* You have 60 days to ask for a hearing.

* The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.

* You must have a good reason for waiting more than 60 days to ask for a hearing.

* You have to ask for a hearing in writing. We will ask you to sign a form HA-501-U5, called "Request for Hearing." Contact one of our offices if you want help.

HOW THE HEARING PROCESS WORKS

After we send your case for a hearing, the ALJ will mail you a letter at least 20 days before the hearing to tell you its date, time and place. The letter will explain the law in your case and tell you what has to be decided. Since the ALJ will review all the facts in your case, it is important that you give us any new facts as soon as you can.

Form SSA-L443-U3 (7-93)
 Destroy Prior Editions

Social Security Administration
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Disapproved Claim

The hearing is your chance to tell the ALJ why you disagree with the decisions in your case. You can give the ALJ new evidence and bring people to testify for you. The ALJ also can require people to bring important papers to your hearing and give facts about your case. You can question these people at your hearing.

Please read the enclosed pamphlet, "Your Right to Question the Decision Made on Your Social Security Claim." It has more information about the Adjudication Officer and the hearing.

IT IS IMPORTANT TO GO TO THE HEARING

It is very important that you go to the hearing. If for any reason you cannot go, contact the ALJ as soon as possible before the hearing and explain why. The ALJ will reschedule the hearing if you have a good reason. If you do not go to the hearing and do not have a good reason for not going, the ALJ may dismiss your request for a hearing.

NEW APPLICATION

You have the right to file a new application at any time, but filing a new application is not the same as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- * You might lose some benefits, or not qualify for any benefits, and
- * We could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should ask for an appeal within 60 days.

IF YOU WANT HELP WITH YOUR APPEAL

You can have a friend, lawyer, or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due Social Security benefits to pay toward the fee.

Social Security Administration
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Disapproved Claim

OTHER BENEFITS

Based on the application you filed, you are not entitled to any other benefits, besides those you may already be getting. In the future, if you think you may be entitled to other benefits you will need to apply again. (THIS SECTION DOES NOT APPLY TO YOU IF YOU HAVE ANOTHER SOCIAL SECURITY CLAIM PENDING.)

FAMILY BENEFITS

If you have a spouse or child we cannot pay them benefits unless you are entitled to Social Security benefits.

IF YOU HAVE ANY QUESTIONS

If you have any questions, you may call us toll-free at 1-800-772-1213 or call your local Social Security office at the number shown on page 1. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

2450 PRESIDENTS DRIVE
MONTGOMERY AL 36116-1616

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Regional Commissioner

Enclosures:

Your Right to Question the Decision Made on your Claim
Explanation of Decision
Disability Rules Factsheet

Social Security Administration
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Disapproved Claim

RULES FOR SOCIAL SECURITY DISABILITY

You must meet certain rules to qualify for Social Security disability benefits:

FOR DISABLED WORKER'S BENEFITS:

You must have the required work credits and your health problems must:

- * keep you from doing any kind of substantial work (described below), and
- * last, or be expected to last, for at least 12 months in a row, or result in death.

FOR DISABLED CHILD'S BENEFITS:

You must be age 18 or older and your health problems must:

- * begin before age 22 or you must become disabled again within 7 years after the month that your earlier period of disability ended, and
- * keep you from doing any kind of substantial work (described below), and
- * last, or be expected to last, for at least 12 months in a row, or result in death.

FOR DISABLED WIDOW'S, WIDOWER'S OR SURVIVING DIVORCED SPOUSE'S BENEFITS:

You must be at least age 50, and your health problems must:

- * keep you from doing any kind of substantial work (described below), and
- * last, or be expected to last, for at least 12 months in a row, or result in death, and
- * have started before the end of a special period.

The special period starts with the latest of:

- ***the month your spouse died, or
- ***the month your Social Security benefits as a parent ended,
or
- ***the month your earlier period of widow(er)'s disability ended.

The special period ends at the close of the 84th month (7 years) after the month it started.

Social Security Administration
RETIREMENT, SURVIVORS, AND DISABILITY INSURANCE
Notice of Disapproved Claim

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INFORMATION ABOUT SUBSTANTIAL WORK

Generally, substantial work is physical or mental work you are paid to do. Work can be substantial even if it is part-time. To decide if your work is substantial, we consider the nature of the job duties, the skills and experience you need to do the job, and how much you actually earn.

Usually, we find that your work is substantial if your gross earnings average over \$830 per month after we deduct allowable amounts. This monthly amount is higher for Social Security disability benefits due to blindness.

Your work may be different than before your health problems began. It may not be as hard to do and your pay may be less. However, we may still find that your work is substantial under our rules.

If you are self-employed, we consider the kind and value of your work, including your part in the management of the business, as well as your income, to decide if your work is substantial.

NON-ENGLISH SPEAKING INFORMATION

If you do not speak English, or do not speak English well, we will provide you with an interpreter at no cost to you. Or, you may wish to bring your own interpreter with you such as a friend or family member. If you want us to provide an interpreter, please tell us ahead of time.

NEW HIRE DATE: 02/20/2007 SSN: 419-08-7667 PG: 1 OF 4 NDNW
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 DATE HIRED: 10/10/2006 EIN: 23-2761824
 EMPLOYER: PROFESSIONAL PROBATION
 ER ADDRESS: 316 W PIKE ST
 CITY ST ZIP: LAWRENCEVILLE GA 30045-4878
 REPORTED BY: MO REPORT PROCESSED: 11/03/2006

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NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 DATE HIRED: 10/10/2006 EIN: 58-2011227
 EMPLOYER: PROFESSIONAL PROBATION SERVICES INC
 ER ADDRESS: 2214 GATEWAY DR STE A
 CITY ST ZIP: OPELIKA AL 36801-6832
 REPORTED BY: AL REPORT PROCESSED: 10/16/2006

WAGE INFO DATE: 02/20/2007 SSN: 419-08-7667 PG: 2 OF: 4 NDWG
 QUARTER PAID: 3RD/2006
 NAME (F,MI,L): TYRONE WORKS NAME/SSN VERIFIED: Y
 WAGES PAID: \$ 2,942.00 EIN: 52-2222392
 EMPLOYER: US PROTECT CORP
 ER ADDRESS: 801 ROEDER RD STE 1000
 CITY ST ZIP: SILVER SPRING MD 20910-4458
 REPORTED BY: AL REPORT PROCESSED: 01/25/2007

QUARTER PAID: 1ST/2005
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 WAGES PAID: \$ 2,780.00 EIN: 63-6000619
 EMPLOYER: FINANCE DEPARTMENT
 ER ADDRESS: 64 N UNION ST STE 200A
 CITY ST ZIP: MONTGOMERY AL 36104-3761
 REPORTED BY: AL REPORT PROCESSED: 07/31/2005

WAGE INFO DATE: 02/20/2007 SSN: 419-08-7667 PG: 3 OF: 4 NDWG
 QUARTER PAID: 2ND/2005
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 WAGES PAID: \$ 2,306.00 EIN: 63-6000619
 EMPLOYER: FINANCE DEPARTMENT
 ER ADDRESS: 64 N UNION ST STE 200A
 CITY ST ZIP: MONTGOMERY AL 36104-3761
 REPORTED BY: AL REPORT PROCESSED: 10/17/2005

QUARTER PAID: 4TH/2004
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 WAGES PAID: \$ 5,017.00 EIN: 63-6000619
 EMPLOYER: FINANCE DEPARTMENT
 ER ADDRESS: 64 N UNION ST STE 200A
 CITY ST ZIP: MONTGOMERY AL 36104-3761
 REPORTED BY: AL REPORT PROCESSED: 05/12/2005

UNEMPLOY DATE: 02/20/2007 SSN: 419-08-7667 PG: 4 OF 4 NDUN
 QUARTER PAID: 3RD/2005
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 UNEMP AMOUNT: \$ 0.00
 MAILED TO: 435 LURENE CIRCLE
 CITY ST ZIP: MONTGOMERY AL 36109-4931
 PAYER STATE: AL REPORT PROCESSED: 12/02/2005

QUARTER PAID: 2ND/2005
 NAME (F,MI,L): TYRON WORKS NAME/SSN VERIFIED: Y
 UNEMP AMOUNT: \$ 0.00
 MAILED TO: 435 LURENE CIRCLE
 MONTGOMERY AL 36109-4931
 PAYER STATE: AL REPORT PROCESSED: 07/20/2005

D

419-08-7667 - NDNH-T16 - SSR DOES NOT EXIST AND NO MSSICS FILE

DISCO DIB Insured Status Report

Tuesday, February 20, 2007

UNIT **PLEXXX**SSN **419-08-7667** LNAME **WORKS** DOB **02/06/1972** SEX **M** ID **DI****52**Alleged Onset **11/29/04** PPD1 to PPD2 to Lag for 2005: **\$0.00** Lag for 2006: **\$0.00**Beginning With Quarter of Alleged Onset Date (AOD) **11/29/2004** through **12/31/2010**Insured for DIB? **Yes**Date First Insured in or after quarter of AOD **10/1/2004** Date Last Insured Overall **12/31/2010**

Up to Nine Separate Periods of Insured Status Displayed Here:

DFI1 **10/1/1989** DLI1 **12/31/2010** DFI2 DLI2 DFI3 DLI3 DFI4 DLI4 DFI5 DLI5 DFI6 DLI6 DFI7 DLI7 DFI8 DLI8 DFI9 DLI9 MYQCR **6** MYQCE **6** ELAPSED EARNED PRE 51 **\$0.00**

ITEM1 Pre 1951 earnings: \$0.00

ITEM2 Has DIB insured status in or after quarter of AOD (11/29/2004)

ITEM3 Number holder has 65 RIB QCs, (incl simp. QCs, if any), enough for RIB IS

ITEM4 ICF multi SSN earnings selection used.

ITEM5

ITEM6

ITEM7

ITEM8

ITEM9

ITEM10

ITEM11

ITEM12

ITEM13

ITEM14

ITEM15

ITEM16

SSN	419-08-7667	LNAME	WORKS								
1951	0000	1961	0000	1971	0000	1981	0	1991	4	2001	4
1952	0000	1962	0000	1972	0000	1982	0	1992	4	2002	4
1953	0000	1963	0000	1973	0000	1983	0	1993	3	2003	4
1954	0000	1964	0000	1974	0000	1984	0	1994	0	2004	4
1955	0000	1965	0000	1975	0000	1985	0	1995	4	2005	4
1956	0000	1966	0000	1976	0000	1986	0	1996	4	2006	0
1957	0000	1967	0000	1977	0000	1987	0	1997	4	2007	0
1958	0000	1968	0000	1978	0	1988	2	1998	4	2008	0
1959	0000	1969	0000	1979	0	1989	4	1999	4	2009	0
1960	0000	1970	0000	1980	0	1990	4	2000	4	2010	0

53

Original IC94 Data:

PRE 1951 EARNINGS:			0.00			TOTAL EARNINGS:			207897.25		
YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS
1988	1045.20	CCNN	2000	23349.00	CCCC						
1989	3811.08	CCCC	2001	18822.27	CCCC						
1990	10523.20	CCCC	2002	14722.80	CCCC						
1991	12489.48	CCCC	2003	22229.89	CCCC						
1992	11545.42	CCCC	2004	19705.76	CCCC						
1993	2344.49	CCCN	2005	7840.28	CCCC						
1994	596.01	NNNN	2006	0.00	NNNN						
1995	4832.50	CCCC	2007	0.00	NNNN						
1996	4049.13	CCCC									
1997	10751.14	CCCC									
1998	17997.60	CCCC									
1999	21242.00	CCCC									

ICF

COMPUTATIONAL EARNINGS

IC94

SSN: 419087667 UNIT: ODAR REQUESTOR: NYM

54

PRE 1951 EARNINGS: 0.00

TOTAL EARNINGS: 207897.25

YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS	YEAR	EARNINGS	QUARTERS
1988	1045.20	CCNN	2000	23349.00	CCCC			
1989	3811.08	CCCC	2001	18822.27	CCCC			
1990	10523.20	CCCC	2002	14722.80	CCCC			
1991	12489.48	CCCC	2003	22229.89	CCCC			
1992	11545.42	CCCC	2004	19705.76	CCCC			
1993	2344.49	CCCN	2005	7840.28	CCCC			
1994	596.01	NNNN	2006	0.00	NNNN			
1995	4832.50	CCCC	2007	0.00	NNNN			
1996	4049.13	CCCC						
1997	10751.14	CCCC						
1998	17997.60	CCCC						
1999	21242.00	CCCC						

ADDITIONAL SCREEN NEEDED? (Y/N): N

PAGE 1 OF 1

ANY CHANGES TO DATA ON THIS SCREEN ARE FOR COMPUTATIONAL PURPOSES ONLY

MAKE ANY EARNINGS AND QC CHANGES

*** REC 2007051 090119 H7B007E0 C560 CIPQYAC PQAC (F-C56) ***

QRY DATE: 02/20/07 AN: 419-08-7667 DOC: Y23 UNIT: NYM PG: 001+ DEQR
 INPUT: YRS REQ: 1988-2006; COVERED DETAILS; SELF-EMPLOYMENT;
 NON-COVERED DETAILS; EMPLOYER ADDRESS
 MEF: NA: T WORKS DB: 02/1972 SX: M AK:

55

DETAIL COVERED FICA EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS
 REQUESTED

EIN: 630851048

DEPARTMENT OF ECONOMIC AND
 AL SDA DIVISION
 401 ADAMS AVE STE 482
 MONTGOMERY AL 36104-4313

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0088	AA	T	WORKS	1045.20	1045.20	8340-90-03054	00489	V
			WAGE TOTAL	1045.20				
			OASDI EMPLOYER TOTAL	1045.20				
			88 OASDI YEARLY TOTAL	1045.20				

EIN: 359990000

DEPT OF THE ARMY SRD AC RC
 ATTN DFAS ADIMB LAURA WICKS
 % CHARLES SHAW
 8899 E 56TH ST
 INDIANAPOLIS IN 46249-1001

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0089	AE	T	WORKS	2911.08	2911.08	9130-85-31468	01790	V
			MILITARY TOTAL	2911.08				
			OASDI EMPLOYER TOTAL	2911.08				
			89 OASDI YEARLY TOTAL	2911.08				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0090	AE1	T	WORKS	9323.20	9323.20	0162-85-00800	02391	V
	IE	T	WORKS	9323.20	9323.20	1338-90-00800	02392	V
	1E	T	WORKS	-9323.20	-9323.20	0162-85-00800	02392	V
			MILITARY TOTAL	9323.20				
			OASDI EMPLOYER TOTAL	9323.20				
			90 OASDI YEARLY TOTAL	9323.20				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0091	AE	T	WORKS	11289.48	11289.48	1058-85-30780	01192	V
			MILITARY TOTAL	11289.48				
			OASDI EMPLOYER TOTAL	11289.48				
			91 OASDI YEARLY TOTAL	11289.48				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0092	AE	T	WORKS	10345.42	11268.52	2104-85-15233	01593	V
			MILITARY TOTAL	10345.42				
			OASDI EMPLOYER TOTAL	10345.42				
			92 OASDI YEARLY TOTAL	10345.42				

EIN: 480914649

RICHMARK INC
 PO BOX 15249
 PANAMA CIN FL 32406-5249

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0093	AA	T	WORKS	726.29	726.29	3136-87-09335	01294	V
			WAGE TOTAL	726.29				
			OASDI EMPLOYER TOTAL	726.29				

QRY DATE: 02/20/07 AN: 419-08-7667 DOC: Y23 UNIT: NYM PG: 002+ DEQR
 EIN: 630931200

BBG SPECIALTY FOODS INC
 TACO BELL FRANCHISE
 1676 WHATLEY DR
 DOTHAN

56

0093 AA T WORKS 1618.20 AL 36303-1986 1618.20 3098-86-40402 00794 V
 WAGE TOTAL 1618.20
 OASDI EMPLOYER TOTAL 1618.20
 93 OASDI YEARLY TOTAL 2344.49

EIN: 480914649 RICHMARK INC

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0094 AA T WORKS 13.94 13.94 4230-85-12811 02495 V
 WAGE TOTAL 13.94
 OASDI EMPLOYER TOTAL 13.94

EIN: 630522700

HARCO INC
 % PAYROLL TAX DEPARTMENT
 ATTN PAYROLL TAX DEPT
 ETTERS

0094 AA T WORKS 548.07 PA 17319-0000 548.07 4104-87-02183 00695 V
 WAGE TOTAL 548.07
 OASDI EMPLOYER TOTAL 548.07

EIN: 630931200 BBG SPECIALTY FOODS INC

0094 AA 0001 T WORKS 34.00 34.00 4097-85-10292 00595 V
 WAGE TOTAL 34.00
 OASDI EMPLOYER TOTAL 34.00
 94 OASDI YEARLY TOTAL 596.01

EIN: 630522700 HARCO INC

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0095 AA T WORKS 1233.57 1233.57 5137-86-57353 01296 V
 WAGE TOTAL 1233.57
 OASDI EMPLOYER TOTAL 1233.57

EIN: 630913186

ROBERT D HOGG
 CHURCHS FRIED CHICKEN
 604 EVERT DR
 DOTHAN

95 AA T WORKS 240.77 AL 36305-3102 240.77 5197-75-08695 02596 V
 WAGE TOTAL 240.77
 OASDI EMPLOYER TOTAL 240.77

EIN: 631015110

NATIONAL APPAREL INC
 PO BOX 241487
 MONTGOMERY

0095 AA T WORKS 95.00 AL 36124-1487 95.00 5124-86-16792 00996 V
 WAGE TOTAL 95.00
 OASDI EMPLOYER TOTAL 95.00

EIN: 751889838

BLOCKBUSTER INC
 % PR TAX DEPT
 PO BOX 8009
 MCKINNEY

0095 AA T WORKS 3263.16 TX 75070-8009 3263.16 5229-85-06052 02496 V
 WAGE TOTAL 3263.16
 OASDI EMPLOYER TOTAL 3263.16
 95 OASDI YEARLY TOTAL 4832.50

EIN: 751889838 BLOCKBUSTER INC

RPYR REO LOAC NAME EARNINGS TOTAL COMP CONTROL NUMBER PR S
 0096 AA T WORKS 4049.13 4049.13 6204-85-12778 02397 V

QRY DATE: 02/20/07 AN: 419-08-7667 DOC: Y23 UNIT: NYM PG: 003+ DEQR

WAGE TOTAL 4049.13
 OASDI EMPLOYER TOTAL 4049.13
 96 OASDI YEARLY TOTAL 4049.13

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EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0097	AE	T	WORKS	8692.52	8692.52	7096-85-33819	00898	V
			MILITARY TOTAL	8692.52				
			OASDI EMPLOYER TOTAL	8692.52				

EIN: 650304832 BLOCKBUSTER VIDEOS-ACQUISITION CORP
 % PR TAX DEPT
 1201 ELM ST
 DALLAS TX 75270-2102

0097	AA	T	WORKS	858.62	858.62	7120-85-17320	01198	V
			WAGE TOTAL	858.62				
			OASDI EMPLOYER TOTAL	858.62				
			97 OASDI YEARLY TOTAL	9551.14				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
98	AE	T	WORKS	16797.60	16797.60	8090-88-15421	00799	V
			MILITARY TOTAL	16797.60				
			OASDI EMPLOYER TOTAL	16797.60				
			98 OASDI YEARLY TOTAL	16797.60				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0099	AE	T	WORKS	20042.00	18295.70	9118-87-66050	01200	V
			MILITARY TOTAL	20042.00				
			OASDI EMPLOYER TOTAL	20042.00				
			99 OASDI YEARLY TOTAL	20042.00				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0000	AE	T	WORKS	22149.00	18489.00	0173-85-69906	02201	V
			MILITARY TOTAL	22149.00				
			OASDI EMPLOYER TOTAL	22149.00				
			00 OASDI YEARLY TOTAL	22149.00				

EIN: 359990000 DEPT OF THE ARMY SRD AC RC

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0001	AE3	T	WORKS	17622.27	50811.15	1092-90-15623	01102	V
	AE3	T	WORKS	-17622.27	-50811.15	1092-90-15623	02103	V
	LE	T	WORKS	17622.27	18166.35	2157-98-03833	02103	V
			MILITARY TOTAL	17622.27				
			OASDI EMPLOYER TOTAL	17622.27				
			01 OASDI YEARLY TOTAL	17622.27				

EIN: 636000619 STATE OF ALABAMA DEPT OF FINANCE
 % STATE COMPTROLLER
 100 N UNION ST STE 282
 MONTGOMERY AL 36130-0001

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0002	AA	T	WORKS	14722.80	13912.78	2031-85-01688	00303	V
			WAGE TOTAL	14722.80				
			OASDI EMPLOYER TOTAL	14722.80				
			02 OASDI YEARLY TOTAL	14722.80				

QRY DATE: 02/20/07 AN: 419-08-7667 DOC: Y23 UNIT: NYM PG: 004 DEQR

EIN: 222074668

LNT INC
LINENS N THINGS 353
6 BRIGHTON ROAD
CLIFTON NJ 07012-1647

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RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	AA	T	WORKS	2358.09	2358.09	3049-89-88022	00504	V
			WAGE TOTAL	2358.09				
			OASDI EMPLOYER TOTAL	2358.09				

EIN: 636000619 STATE OF ALABAMA DEPT OF FINANCE

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0003	AA	T	WORKS	19871.80	18779.80	3050-92-47901	00504	V
			WAGE TOTAL	19871.80				
			OASDI EMPLOYER TOTAL	19871.80				
			03 OASDI YEARLY TOTAL	22229.89				

EIN: 636000619 STATE OF ALABAMA DEPT OF FINANCE

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0004	AA	T	WORKS	19705.76	18622.07	4032-86-50159	00305	V
			WAGE TOTAL	19705.76				
			OASDI EMPLOYER TOTAL	19705.76				
			04 OASDI YEARLY TOTAL	19705.76				

EIN: 636000619 STATE OF ALABAMA DEPT OF FINANCE

RPYR	REO	LOAC	NAME	EARNINGS	TOTAL COMP	CONTROL NUMBER	PR	S
0005	AA	T	WORKS	4669.28	4504.62	5044-89-99765	00506	V
			WAGE TOTAL	4669.28				
			OASDI EMPLOYER TOTAL	4669.28				

SELF EMPLOYMENT

RPYR	REO	SMEM	NAME	EARNINGS	SE NUMBER	CONTROL NUMBER	PR	S
SE05	OI	T	WORKS	3171.00	630500000	2210-24-20940	00406	V
			OASDI SELF EMPLOYMENT TOTAL	3171.00				
			05 OASDI YEARLY TOTAL	7840.28				

06 NONE

DETAIL COVERED MQGE EARNINGS AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED (1983-1990)

NO COVERED MQGE EARNINGS POSTED FOR YEARS REQUESTED

DETAIL NON-COVERED EARNINGS AND W-2 PENSION DATA AND EMPLOYER NAME AND ADDRESS FOR YEARS REQUESTED

NO NON-COVERED EARNINGS AND W-2 PENSION DATA POSTED FOR YEARS REQUESTED

REMARKS

CLAIMS ACTIVITY--SEE MBR

December 29, 2004, 15:10

NH 419-08-7667

SG-SSA-16

PAGE 1
59

UNIT: DJWINT

APPLICATION FOR DISABILITY INSURANCE BENEFITS

APPLY FOR A PERIOD OF DISABILITY AND/OR ALL INSURANCE BENEFITS FOR WHICH I AM ELIGIBLE UNDER TITLE II AND PART A OF TITLE XVIII OF THE SOCIAL SECURITY ACT, AS PRESENTLY AMENDED.

MY NAME IS TYRON WORKS.

MY SOCIAL SECURITY NUMBER IS 419-08-7667.

MY DATE OF BIRTH IS February 6, 1972.

I AM A CITIZEN OF THE UNITED STATES.

I BECAME UNABLE TO WORK BECAUSE OF MY DISABLING CONDITION ON November 29, 2004.

I AM STILL DISABLED.

PREVIOUS APPLICATION HAS BEEN FILED WITH THE SOCIAL SECURITY ADMINISTRATION BY OR FOR ME.

MY U.S. MILITARY SERVICE DATES ARE AS FOLLOWS:

START DATE	END DATE
August 29, 1989	October 29, 1992
May 5, 1997	October 1, 2001

I AM NOT ENTITLED TO NOR DO I EXPECT TO BECOME ENTITLED TO A PENSION OR ANNUITY BASED IN WHOLE OR IN PART ON WORK AFTER 1956 NOT COVERED BY SOCIAL SECURITY.

THE SOCIAL SECURITY ADMINISTRATION AND THE STATE AGENCY REVIEWING MY CLAIM DO HAVE MY PERMISSION TO CONTACT MY EMPLOYER(S).

I AM NOT MARRIED NOW.

I WAS PREVIOUSLY MARRIED TO JONELLE ROMAN ON May 11, 1999 IN AZ BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DIVORCE ON April 29, 2002 IN AL. MY FORMER SPOUSE'S AGE OR DATE OF BIRTH IS February 17, 1978.

NH 419-08-7667

SG-SSA-16

60

I WAS PREVIOUSLY MARRIED TO DELLA MORGAN ON September 9, 1995 IN AL BY A CLERGYMAN OR PUBLIC OFFICIAL. THE MARRIAGE ENDED BY DIVORCE ON February 19, 1999 IN AZ. MY FORMER SPOUSE'S AGE OR DATE OF BIRTH IS March 1, 1964.

I HAVE THE FOLLOWING CHILD OR CHILDREN UNDER AGE 18; AGE 18-19 ATTENDING ELEMENTARY OR SECONDARY SCHOOL FULL TIME; OR AGE 18 OR OVER AND DISABLED BEFORE AGE 22 WHO MAY BE ELIGIBLE FOR SOCIAL SECURITY BENEFITS ON THIS RECORD. THIS INCLUDES CHILDREN WHO MAY OR MAY NOT BE LIVING WITH ME.
AZARIA WORKS

I UNDERSTAND THAT I MUST PROVIDE MEDICAL EVIDENCE ABOUT MY DISABILITY, OR ASSIST THE SOCIAL SECURITY ADMINISTRATION IN OBTAINING THE EVIDENCE.

I UNDERSTAND THAT I MAY BE REQUESTED BY THE STATE DISABILITY DETERMINATION SERVICES TO HAVE A CONSULTATIVE EXAMINATION AT THE EXPENSE OF THE SOCIAL SECURITY ADMINISTRATION AND THAT IF I DO NOT GO, MY CLAIM MAY BE DENIED.

AUTHORIZE ANY PHYSICIAN, HOSPITAL, AGENCY, OR OTHER ORGANIZATION TO DISCLOSE ANY MEDICAL RECORD OR INFORMATION ABOUT MY DISABILITY TO THE SOCIAL SECURITY ADMINISTRATION OR TO THE STATE DISABILITY DETERMINATION SERVICES THAT MAY REVIEW MY CLAIM OR CONTINUING DISABILITY.

I AUTHORIZE THE SOCIAL SECURITY ADMINISTRATION TO RELEASE ANY INFORMATION ABOUT ME TO A PHYSICIAN OR MEDICAL FACILITY PREPARATORY TO AN EXAMINATION OR TEST. RESULTS OF SUCH EXAMINATION OR TEST MAY BE RELEASED TO MY PHYSICIAN OR OTHER TREATING SOURCE.

I AUTHORIZE THAT INFORMATION ABOUT MY DISABILITY MAY BE FURNISHED TO ANY CONTRACTOR FOR CLERICAL SERVICES BY THE STATE DISABILITY DETERMINATION SERVICES.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION OF ALL EVENTS AS EXPLAINED TO ME.

AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION:

-- IF MY MEDICAL CONDITION IMPROVES SO THAT I WOULD BE ABLE TO WORK, EVEN THOUGH I HAVE NOT YET RETURNED TO WORK.

-- IF I GO TO WORK WHETHER AS AN EMPLOYEE OR A SELF-EMPLOYED PERSON.

-- IF I APPLY FOR OR RECEIVE A DECISION ON BENEFITS UNDER ANY WORKERS' COMPENSATION LAW OR PLAN (INCLUDING BLACK LUNG BENEFITS FROM THE DEPARTMENT OF LABOR), OR OTHER PUBLIC BENEFIT BASED ON DISABILITY.

-- IF I AM CONFINED TO A JAIL, PRISON, PENAL INSTITUTION, OR CORRECTIONAL FACILITY FOR CONVICTION OF A CRIME OR I AM CONFINED TO A PUBLIC INSTITUTION BY COURT ORDER IN CONNECTION WITH A CRIME.

THE ABOVE EVENTS MAY AFFECT MY ELIGIBILITY TO DISABILITY BENEFITS AS PROVIDED IN THE SOCIAL SECURITY ACT, AS AMENDED.

I AGREE TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IF I BECOME ENTITLED TO A

PENSION OR ANNUITY BASED ON EMPLOYMENT AFTER 1956 NOT COVERED BY SOCIAL SECURITY, OR IF SUCH PENSION OR ANNUITY STOPS.

BENEFITS TO A STEPCHILD TERMINATE THE MONTH AFTER THE MONTH THE WORKER AND THE STEPCHILD'S PARENT OBTAIN A FINAL DIVORCE. THEREFORE, IF A STEPCHILD BECOMES ENTITLED ON MY RECORD, I AGREE TO NOTIFY SSA IF THE STEPCHILD'S PARENT AND I SUBSEQUENTLY DIVORCE.

MY REPORTING RESPONSIBILITIES HAVE BEEN EXPLAINED TO ME.

REMARKS:

I AGREE WITH THE EARNINGS AS SHOWN ON MY SOCIAL SECURITY STATEMENT.

I KNOW THAT ANYONE WHO MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF MATERIAL FACT IN AN APPLICATION OR FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW BY FINE, IMPRISONMENT OR BOTH. I AFFIRM THAT ALL INFORMATION I HAVE GIVEN IN CONNECTION WITH THIS CLAIM IS TRUE.

MY MAILING ADDRESS IS 435 LURENE CIRCLE
MONTGOMERY AL 36109

MY TELEPHONE NUMBER IS (.334) 279-8671.

SIGNATURE *Tyron Work*

DATE 10 JAN 05

DISABILITY REPORT - APPEAL - Form SSA-3441

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(3441) Section 1 - Information About the Disabled Person

A. Name: **Tyron Works**

B. Social Security Number: **419-08-7667**

C. What is your daytime telephone number? (If you do not have a number where we can reach you, give us a daytime number where we can leave a message.):

334-279-8671 Your number

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries, or conditions and can help with your claim.

Name:	alicia bunch
Relationship:	fiancee
Address:	3204 agate st montgomery, AL 36105
Daytime Phone:	334-293-6427 - Voice

(3441) Section 2 - Information About Your Illnesses, Injuries, or Conditions

Date of Last Disability Report: **12/29/2004**

A. Has there been any change(for better or worse) in your illnesses, injuries, or conditions since you last completed a disability report? **Yes**

If "YES," please describe in detail:

cannot get out of bed w/o help and special movements

Approximate date the change(s) occurred:

05-2005

B. Do you have any new physical or mental limitations as a result of your illnesses, injuries, or conditions since you last completed a disability report? **No**

If "YES," please describe in detail:

Approximate beginning date:

C. Do you have any new illnesses, injuries, or conditions since you last completed a disability report? **No**

If "YES," please describe in detail:

1-E

6

Approximate beginning date:

63

(3441) Section 3 - Information About Your Medical Records

A. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for the illnesses, injuries, or conditions that limit your ability to work?

Yes

B. Since you last completed a disability report, have you seen or will you see a doctor/hospital/clinic or anyone else for emotional or mental problems that limit your ability to work?

No

C. List other names you have used on your medical records.

Tell us who may have medical records or other information about your illnesses, injuries, or conditions since you last completed a disability report:

D. List each Doctor/HMO/Therapist. Include your next appointment.

Name:	iliana arrellano		
Address:	461 cotton gin rd montgomery, AL 36117	Date First Visit:	0904
		Date Last Visit:	1004
Phone:	374-280-1500	Patient ID # :	
Next Appointment:		tbd	
Reasons for Visits: cardiac episode			
What treatment was received? medications			

Name:	Warner Louis Pinchback Jr Dr		
Address:	ATTENTION: MEDICAL RECORDS SPECIALISTS PC 1329 MULBERRY STREET MONTGOMERY, AL 36106-1183	Date First Visit:	0505
		Date Last Visit:	0905
Phone:	334-262-0523	Patient ID # :	
Next Appointment:			
Reasons for Visits: not listed			
What treatment was received? not listed			

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E. List each Hospital/Clinic. Include your next appointment.

F. Since you last completed a disability report, does anyone else have medical records or information about your illnesses, injuries, or conditions (for example, Workers' Compensation, insurance companies, prisons, attorneys, or welfare agency), or are you scheduled to see anyone else?

No

(3441) Section 4 - Medications

Are you currently taking any medications for your illnesses, injuries, or conditions? **Yes**

If "YES," please tell us the following: (Look at your medicine containers, if necessary.)

Name of Medicine	If Prescribed, Give Name of Doctor	Reason For Medicine	Side Effects You Have
Aerobid	Warner Louis Pinchback Jr Dr	unkown	none
Albuterol	Warner Louis Pinchback Jr Dr	unkown	none
Cardizem	iliana arrellano	unkown	none
darvocvet	Warner Louis Pinchback Jr Dr	pain	none
ecotin	iliana arrellano	heart	none
hydrooco apap	Warner Louis Pinchback Jr Dr	pain	none
Protonix	iliana arrellano	unkown	none
Serevent	Warner Louis Pinchback Jr Dr	unknown	none
skelaxin	Warner Louis Pinchback Jr Dr	muscle relaxant	none

(3441) Section 5 - Tests

Since you last completed a disability report, have you had any medical tests for your illnesses, injuries, or conditions or do you have any such tests scheduled?

Yes

If "YES," please tell us the following: (Give approximate dates, if necessary.)

Kind of Test	When Was/Will Test Be Done? (Month, day, year)	Where Done (Name of Facility)	Who Sent You For This Test?
EKG (Heart test)	0305	iliana arrellano	iliana arrellano

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(3441) Section 6 - Updated Work Information

A. Have you worked since you last completed a disability report?

No

If "YES," you will be asked to give details on a separate form.

(3441) Section 7 - Information About Your Activities

A. How do your illnesses, injuries, or conditions affect your ability to care for your personal needs?

cannot shower or bathe w/o supervisor and help getting in and out tub
cannot grocery shop

B. What changes have occurred in your daily activities since you last completed a disability report? (If none, show "None")

cant clean house or cook limited dining
can no longer play with daughter or play sports
cant do yard work

(3441) Section 8 - Education/Training Information

Have you completed any special job training, trade or vocational school since you last completed a disability report?

No

If "YES," describe what type:

Approximate date completed:

(3441) Section 9 - Vocational Rehabilitation, Employment, or Other Support Services Information

Since you last completed a disability report, have you participated in the Ticket Program or another program of vocational rehabilitation services, employment services, or other support services to help

you go to work?

66

No

If "Yes," complete the following information:

(3441) Section 10 - Remarks

Use this section for any additional information you did not show in earlier parts of this form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the signature block.

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I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED ALL THE INFORMATION ON THIS FORM, AND ON ANY ACCOMPANYING STATEMENTS OR FORMS, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT ANYONE WHO KNOWINGLY GIVES A FALSE OR MISLEADING STATEMENT ABOUT A MATERIAL FACT IN THIS INFORMATION, OR CAUSES SOMEONE ELSE TO DO SO, COMMITS A CRIME AND MAY BE SENT TO PRISON, OR MAY FACE OTHER PENALTIES, OR BOTH.

Signature of claimant or person filing on claimant's behalf (parent, guardian)	Date (Month, day, year)
Address (Number and street, city, state and ZIP code) 435 LURENE CIRCLE MONTGOMERY, AL 36109	e-mail Address (optional)

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, city, state and ZIP code)	Address (Number and street, city, state and ZIP code)

Form SSA-3441 EDCS

Tuesday, October 24, 2006 3:51:44 PM

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DISABILITY REPORT - FIELD OFFICE - Form SSA-3367

(3367) ID/Prior Filings

Identifying Information

1. Name of Person whose Social Security Record this Claim is being filed:

Tyron WorksHis or Her Social Security Number: **419-08-7667**

Name of Claimant (if different from above):

SSN (if different from above):

Gender: **Male**Date Of Birth: **02/06/1972**

2. Claimant's Alleged Onset Date:

3. Recommended Onset Date (if different from above):

4. Reason for Recommended Onset Date:

5. Explanation for Recommended Onset Date, when applicable:

Miscellaneous Information6. Protective Filing Date: **12292004**Date Last Insured (DIB/Freeze case): **12/31/2009**

Beginning of Prescribed Period (DWB):

End of Prescribed Period:

Controlling Date:

Closed Period Case:

Prior Filing Information

7. Prior Filing(s):

If Yes, and you are not sending the prior folder, enter the following:

(3367) Presumptive

The Presumptive Disability page details are not being displayed here because there is no SSI claim on this case.

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(3367) Observations

9. Observations/Perceptions:

(3367) Development

10. Development Initiated by FO:

A. Medical:

B. Other:

C. Forms to be completed by applicant and sent to the DDS:

SSA-3371:

SSA-3369:

Other:

11. Was medical evidence brought in to the FO by the claimant? **No**

12. Is DDS capability development needed? **No**

Remarks:

Name of Interviewer: **M. Babyak**

Phone Number: **334-223-7183**

Name of Person Completing Form:

Date:

Form SSA-3367 EDCS

Tuesday, October 24, 2006 3:51:44 PM

SOCIAL SECURITY ADMINISTRATION

Form Approved
OMB No. 0960-0579**DISABILITY REPORT
ADULT****For SSA Use Only**

Do not write in this box.

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Related SSN _____

Number Holder _____

SECTION 1- INFORMATION ABOUT THE DISABLED PERSON**A. NAME** (First, Middle Initial, Last)Tyron Works**B. SOCIAL SECURITY NUMBER**419-08-7667**C. DAYTIME TELEPHONE NUMBER** (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)334 279-8671Area
Code

Number



Your Number



Message Number



None

D. Give the name of a friend or relative that we can contact (other than your doctors) who knows about your illnesses, injuries or conditions and can help you with your claim.NAME Charles Ware Jr.RELATIONSHIP FriendADDRESS 4519 Lowell Rd

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

Montgomery
CityAL
State36105
ZIPDAYTIME
PHONE334
Area Code288-3468
Number**E. What is your height without shoes?**6

feet

0

inches

F. What is your weight without shoes?200

pounds

G. Do you have a medical assistance card? (For Example, Medicaid or Medi-Cal) If "YES," show the number here: ☐ YES ☒ NON/A**H. Can you speak English?** ☒ YES ☐ NO If "NO," what languages can you speak?N/A

If you cannot speak English, is there someone we may contact who speaks English and will give you messages? (If this is the same person as in "D" above show "SAME" here.)

NAME N/A

RELATIONSHIP _____

ADDRESS _____

(Number, Street, Apt. No. (If any), P.O. Box, or Rural Route)

City

State

ZIP

DAYTIME
PHONE

Area Code

Number

I. Can you read English? ☒ YES ☐ NO **J. Can you write more than your name in English?** ☒ YES ☐ NO

11/10/08

3-E

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SECTION 2

YOUR ILLNESSES, INJURIES OR CONDITIONS AND HOW THEY AFFECT YOU

A. What are the illnesses, injuries or conditions that limit your ability to work? 71Heart Condition & Back problems - Knee problemsB. How do your illnesses, injuries or conditions limit your ability to work? Currentlyoff work due to Back injury. Can't lift, bend, squat etc.C. Do your illnesses, injuries or conditions cause you pain or other symptoms? ☒ YES ☐ NO

D. When did your illnesses, injuries or conditions first bother you?

Month	Year
late 80s	early 90s

E. When did you become unable to work because of your illnesses, injuries or conditions?

Month	Day	Year
Nov	29	2004

F. Have you ever worked?

☒ YES ☐ NO (If "NO," go to Section 4.)

G. Did you work at any time after the date your illnesses, injuries or conditions first bothered you?

☒ YES ☒ NO

H. If "YES," did your illnesses, injuries or conditions cause you to: (check all that apply)

☐ work fewer hours? (Explain below)☐ change your job duties? (Explain below)☒ make any job-related changes such as your attendance, help needed, or employers? (Explain below)Currently off due to Back injury

I. Are you working now?

☐ YES ☒ NO

If "NO," when did you stop working?

Month	Day	Year
Nov	29	2004

J. Why did you stop working? Doctors order

SECTION 3 - INFORMATION ABOUT YOUR WORK

A. List the kinds of jobs that you have had in the last 15 years that you worked. 72

JOB TITLE (Example, Cook)	TYPE OF BUSINESS (Example, Restaurant)	DATES WORKED (month & year)		HOURS PER DAY	DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)	
		From	To				
<u>I T Tech</u>	<u>State Gov</u>	<u>Feb 02</u>	<u>Nov 04</u>	<u>40</u>	<u>5</u>	<u>\$897</u>	<u>Bi-weekly</u>
<u>Logistic Manager</u>	<u>US Army</u>	<u>MAY 97</u>	<u>Oct 01</u>	<u>40+</u>	<u>7</u>	<u>\$2500</u>	<u>Monthly</u>
<u>Asst Store Manager</u>	<u>Videa</u>	<u>May 95</u>	<u>MAY 97</u>	<u>40+</u>	<u>5</u>	<u>\$950</u>	<u>Bi-weekly</u>
<u>Helicopter mech</u>	<u>US Army</u>	<u>Aug 89</u>	<u>Oct 92</u>	<u>40+</u>	<u>7</u>	<u>\$1700</u>	<u>Monthly</u>
						\$	
						\$	
						\$	

B. Which job did you do the longest? Logistic manager

C. Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section.)

Parts pickup, Inventory, Keep records etc

D. In this job, did you:

Use machines, tools or equipment?

☒ YES ☐ NO

Use technical knowledge or skills?

☒ YES ☐ NO

Do any writing, complete reports, or perform duties like this?

☒ YES ☐ NO

E. In this job, how many total hours each day did you:

Walk? 8+ Stoop? (Bend down & forward at waist.) 8+ Handle, grab or grasp big objects? 8+
 Stand? 8+ Kneel? (Bend legs to rest on knees.) 8+ Reach? 8+
 Sit? 8+ Crouch? (Bend legs & back down & forward.) 8+ Write, type or handle small objects? 8+
 Climb? 8+ Crawl? (Move on hands & knees.) 8+

F. Lifting and Carrying (Explain what you lifted, how far you carried it, and how often you did this.)

Aircraft Parts From Warehouse to truck to office to storage location. Every day

G. Check heaviest weight lifted:

☐ Less than 10 lbs ☐ 10 lbs ☐ 20 lbs ☒ 50 lbs ☐ 100 lbs. or more ☐ Other _____

H. Check weight frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs ☐ 10 lbs ☒ 25 lbs ☐ 50 lbs. or more ☐ Other _____I. Did you supervise other people in this job? ☒ YES (Complete items below.) ☐ NO (Skip to next page.)How many people did you supervise? 5What part of your time was spent supervising people? AllDid you hire and fire employees? ☐ YES ☒ NOJ. Were you a lead worker? ☒ YES ☐ NO

SECTION 4 - INFORMATION ABOUT YOUR MEDICAL RECORDS

A. Have you been seen by a **doctor/hospital/clinic** or anyone else for the illnesses, injuries or conditions that limit your ability to work? ☒ YES ☐ NO

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B. Have you been seen by a **doctor/hospital/clinic** or anyone else for emotional or mental problems that limit your ability to work? ☐ YES ☒ NO

If you answered "NO" to both of these questions, go to Section 5.

C. List other names you have used on your medical records. _____

Tell us who may have medical records or other information about your illnesses, injuries or conditions.

D. List each **DOCTOR/HMO/THERAPIST/OTHER**. Include your next appointment.

1. NAME	V A Hospital		DATES	
STREET ADDRESS	215 Perry Hill Rd		FIRST VISIT	Oct 2001
CITY	STATE	ZIP	LAST SEEN	1/05
PHONE	Area Code	Phone Number	CHART/HMO # (If known)	NEXT APPOINTMENT
800	214	-8387		Every Two & three Thurs
REASONS FOR VISITS	Back, Knees, etc		2/5/05	
WHAT TREATMENT WAS RECEIVED? medical & physical therapy				

2. NAME	Dr. Arellano (Arellano)		DATES	
STREET ADDRESS	461 Cotton Gin Rd		FIRST VISIT	Sept 2004
CITY	STATE	ZIP	LAST SEEN	Oct 2004
PHONE	Area Code	Phone Number	CHART/HMO # (If known)	NEXT APPOINTMENT
334	280	-1500	UNK	May 2005
REASONS FOR VISITS	A - Fib Heart Condition			
WHAT TREATMENT WAS RECEIVED? medication and under doctors care				

SECTION 4-INFORMATION ABOUT YOUR MEDICAL RECORDS

DOCTOR/HMO/THERAPIST/OTHER

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3. NAME <u>Dr Arshad (Arshad)</u>			DATES	
STREET ADDRESS <u>2119 E. South Blvd</u>			FIRST VISIT <u>Sept 04</u>	
CITY <u>Montgomery</u>	STATE <u>AL</u>	ZIP <u>36114</u>	LAST SEEN <u>Oct 04</u>	
PHONE <u>334</u> <u>280-1500</u> <small>Area Code Phone Number</small>		CHART/HMO # (If known) <u>UNK</u>	NEXT APPOINTMENT <u>Mar 05</u>	
REASONS FOR VISITS <u>A - Fib Heart Condition</u>				
WHAT TREATMENT WAS RECEIVED? <u>meds</u>				

If you need more space, use Remarks, Section 9.

E. List each HOSPITAL/CLINIC. Include your next appointment.

1. HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME <u>Baptist East</u>			<input checked="" type="checkbox"/> INPATIENT STAYS (Stayed at least overnight)	DATE IN	DATE OUT
STREET ADDRESS				<u>27 Sept 04</u>	<u>22 Sept 04</u>
CITY <u>Montgomery</u>	STATE <u>AL</u>	ZIP <u>36117</u>	<input checked="" type="checkbox"/> OUTPATIENT VISITS (Sent home same day)	DATE FIRST VISIT	DATE LAST VISIT
PHONE <u>334</u> <u>244-8448</u> <small>Area Code Phone Number</small>					<u>9/20/04</u>
			<input checked="" type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS <u>11/04 (back)</u>	

Next appointment _____ Your hospital/clinic number _____

Reasons for visits Chest Pains.What treatment did you receive? AdmittedWhat doctors do you see at this hospital/clinic on a regular basis? Doctor on call

SECTION 4-INFORMATION ABOUT YOUR MEDICAL RECORDS**HOSPITAL/CLINIC****75**

2. HOSPITAL/CLINIC			TYPE OF VISIT	DATES	
NAME			<input type="checkbox"/> INPATIENT STAYS <i>(Stayed at least overnight)</i>	DATE IN	DATE OUT
STREET ADDRESS					
CITY					
STATE			<input type="checkbox"/> OUTPATIENT VISITS <i>(Sent home same day)</i>	DATE FIRST VISIT	DATE LAST VISIT
ZIP					
PHONE			<input type="checkbox"/> EMERGENCY ROOM VISITS	DATE OF VISITS	
<i>Area Code</i>					
<i>Phone Number</i>					

Next appointment _____ Your hospital/clinic number _____

Reasons for visits _____

What treatment did you receive? _____

What doctors do you see at this hospital/clinic on a regular basis? _____

If you need more space, use Remarks, Section 9.

F. Does anyone else have medical records or information about your illnesses, injuries or conditions (Workers' Compensation, insurance companies, prisons, attorneys, welfare), or are you scheduled to see anyone else?

☐ **YES** (If "YES," complete information below.)

☒ **NO**

NAME			DATES	
STREET ADDRESS			FIRST VISIT	
CITY	STATE	ZIP	LAST SEEN	
PHONE			NEXT APPOINTMENT	
<i>Area Code</i>			<i>Phone Number</i>	
CLAIM NUMBER (If any) _____				
REASONS FOR VISITS _____				

If you need more space, use Remarks, Section 9.

SECTION 5 - MEDICATIONS

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Do you currently take any medications for your illnesses, injuries or conditions? ☒ YES
 If "YES," please tell us the following: (Look at your medicine bottles, if necessary.) ☐ NO

NAME OF MEDICINE	IF PRESCRIBED, GIVE NAME OF DOCTOR	REASON FOR MEDICINE	SIDE EFFECTS YOU HAVE
Cardizem	Dr. Arellano	A-Fib Heart Condition	Tiredness
Protonix	"	Acid reflux	
Celebrex	Dr. Pinchback	Back injury	Drowsiness
Skelaxin	"	"	"
Darvocet	"	"	"

If you need more space, use Remarks, Section 9.

SECTION 6 - TESTS

Have you had, or will you have, any medical tests for illnesses, injuries or conditions?
☒ YES ☐ NO If "YES," please tell us the following: (Give approximate dates, if necessary.)

KIND OF TEST	WHEN DONE, OR WHEN WILL IT BE DONE? (Month, day, year)	WHERE DONE? (Name of Facility)	WHO SENT YOU FOR THIS TEST?
EKG (HEART TEST)	Sept 04	Mont. Cardiovascular	Dr. Arellano
TREADMILL (EXERCISE TEST)	"	"	"
CARDIAC CATHETERIZATION			
BIOPSY--Name of body part			
HEARING TEST			
VISION TEST			
IQ TESTING			
EEG (BRAIN WAVE TEST)			
HIV TEST			
BLOOD TEST (NOT HIV)			
BREATHING TEST	2004	VA	VA
X-RAY--Name of body part <u>Back</u>	Nov 2004	Advanced Orthopedic Surgical Spl.	Dr. Pinchback
MRI/CT SCAN Name of body part <u>Lower Back</u>	10 JAN 05	Advanced MRI imaging	"

If you have had other tests, list them in Remarks, Section 9.

SECTION 7-EDUCATION/TRAINING INFORMATIONA. Check the highest grade of **school** completed.

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Grade school:

College:

0 1 2 3 4 5 6 7 8 9 10 11 12 GED

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

1 2 3 4 or more

☐ ☐ ☒ ☐

Approximate **date** completed: Dec 4 1997B. Did you attend **special education** classes? ☐ YES ☒ NO (If "NO," go to part C)

NAME OF SCHOOL _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

City

State

Zip

DATES ATTENDED _____ TO _____

TYPE OF PROGRAM _____

C. Have you completed any type of **special job training, trade or vocational school**?☐ YES ☒ NO If "YES," what type? _____

Approximate date completed: _____

**SECTION 8 - VOCATIONAL REHABILITATION, EMPLOYMENT,
or OTHER SUPPORT SERVICES INFORMATION**

Are you participating in the Ticket Program or another program of vocational rehabilitation services, employment services or other support services to help you go to work?

☐ YES (Complete the information below) ☒ NO

NAME OF ORGANIZATION _____

NAME OF COUNSELOR _____

ADDRESS _____

(Number, Street, Apt. No.(if any), P.O. Box or Rural Route)

City

State

Zip

DAYTIME PHONE NUMBER _____

Area Code

Number

DATES SEEN _____

TO _____

TYPE OF SERVICES OR
TESTS PERFORMED _____

(IQ, vision, physicals, hearing, workshops, etc.)

SECTION 9 - REMARKS

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Use this section for any added information you did not show in earlier parts of the form. When you are done with this section (or if you don't have anything to add), be sure to go to the next page and complete the signature block.

Dr. Pinchback 1329 mulberry st. Montgomery, AL 36104
(334) 262-0523 Back Injury 12 Jan 05
first visit 12/04 7 10

Dr. Underwood 2171 Normandie Dr. Montgomery, AL 36111
(334) 288-7531 Primary Physician

first visit - 7/04 last saw - 12/04 referred to Dr. Pinchback

Phenergen Dr. Underwood Nausea & vomiting

Hydrocodone/Acetaminophen VA Back injury Drowsiness

Disizepam/Valium Dr. Moorehouse (Asptist East) 11 11

Corcet 11 11 11

Ecotrin (Aspirin) Dr. Brellano A-Fib Heart Condition

⑧ Baptist South 2/8/05 (surgery)
Montgomery, AL
back surgery (inpatient) will
stay about a week

SECTION 9 - REMARKS

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ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

Signature of claimant or person filing on claimant's behalf (*parent, guardian*)

Date (Month, day, year)

Dyron Wark

01/10/05

Witnesses are required **ONLY** if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, city, state, and ZIP code)

Address (Number and street, city, state, and ZIP code)

11263 VA

SOCIAL SECURITY ADMINISTRATION

DISABILITY REPORT - FIELD OFFICE**IDENTIFYING INFORMATION**

1. NAME OF PERSON ON WHOSE SOCIAL SECURITY RECORD THIS CLAIM IS BEING FILED

HIS OR HER SOCIAL SECURITY NUMBER

NAME OF CLAIMANT (if different from above)

SSN (if different from above)

☒ Male☐ Female

DOB

2/6/72

2. CLAIMANT'S ALLEGED ONSET DATE (AOD)

11/29/04

3. RECOMMENDED ONSET DATE (if different from above)
(check type of claim(s) and enter recommended onset)☐ SSI☐ DIB/Freeze☐ DWB☐ CDB☐ OTHER

4. REASON FOR RECOMMENDED ONSET DATE

☐ SSI Application Date☐ Controlling Date☐ SSI Alien☐ Statutorily Blind☐ Date Last Insured☐ Work Before/After AOD☐ Date First Insured☐ UWA☐ SGA☐ Not SGA☐ 820/821 In File☐ Other (explain in item 5)

5. EXPLANATION FOR RECOMMENDED ONSET DATE, WHEN APPLICABLE:

☐ 820/821 Pending Date Requested**MISCELLANEOUS INFORMATION**

6. Protective filing date

Date last insured (DIB/Freeze case)

12/08

Beginning of Prescribed Period (DWB)

End of Prescribed Period

Controlling date

Closed period case

☐ Yes☒ No**PRIOR FILING INFORMATION - Use Remarks, if additional space is needed.**

7. Prior filing(s)

☐ Yes☒ No

If yes, and you are not sending the prior folder(s) to the DDS, enter the following:

Type of prior claim(s)

SSN(s) of prior claim(s)

Date of last decision

Level of last decision

☐ Allowance☐ Denial

Date of prior termination (if applicable)

Location of prior folder

Prior folder requested

☐ Yes☐ No

(date requested)

4-E

4

11/3/05

8. CHECK ANY OF THE FOLLOWING FO PD/PB CRITERIA THAT APPLY IN AN SSI CLAIM
PER DI 11055.230ff.

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- ☐ 1. Amputation of two limbs.
- ☐ 2. Amputation of a leg at the hip.
- ☐ 3. Allegation of total deafness.
- ☐ 4. Allegation of total blindness.
- ☐ 5. Allegation of bed confinement or immobility without a wheel chair, walker, or crutches, due to a longstanding condition -- excluding recent accident and recent surgery.
- ☐ 6. Allegation of a stroke (cerebral vascular accident) more than 3 months in the past and continued marked difficulty in walking or using a hand or arm.
- ☐ 7. Allegation of cerebral palsy, muscular dystrophy, or muscle atrophy and marked difficulty in walking (e.g., use of braces), speaking, or coordination of hands or arms.
- ☐ 8. Allegation of diabetes with amputation of a foot.
- ☐ 9. Allegation of Down Syndrome.
- ☐ 10. Allegation of severe mental deficiency made by another individual filing on behalf of a claimant who is at least 7 years of age. For example, a mother filing for benefits for her child states that the child attends (or attended) a special school, or special classes in school because of mental deficiency or is unable to attend any type of school (or if beyond school age, was unable to attend), and requires care and supervision of routine daily activities.

Note: "Mental deficiency" means mental retardation. This PD category pertains to individuals whose dependence upon others for meeting personal care needs (e.g., hygiene) and in doing other routine daily activities (e.g., fastening a seat belt) grossly exceeds age-appropriate dependence as a result of mental retardation.

- ☐ 11. A child is age 6 months or younger and the birth certificate or other evidence (e.g. hospital admission summary) shows a weight below 1200 grams (2 pounds 10 ounces) at birth.
- ☐ 12. Human immunodeficiency virus (HIV) infection (See DI 11055.241)
- ☐ 13. A child is age 6 months or younger and available evidence (e.g., the hospital admission summary) shows a gestational age at birth on the table below with the corresponding birth weight indicated:

Gestational Age (in weeks)	Weight at Birth
37-40	Less than 2000 grams (4 pounds, 6 ounces)
36	1875 grams or less (4 pounds, 2 ounces)
35	1700 grams or less (3 pounds, 12 ounces)
34	1500 grams or less (3 pounds, 5 ounces)
33	1325 grams or less (2 pounds, 15 ounces)

- ☐ 14. A physician or knowledgeable hospice official confirms an individual is receiving hospice services because of terminal cancer. (See DI E11010.001ff. for terminal illness procedures.)
- ☐ 15. Allegation of spinal cord injury producing inability to ambulate without the use of a walker or bilateral hand-held assistive devices for more than two weeks following the injury, with confirmation of such status from an appropriate medical professional.

9. OBSERVATIONS/PERCEPTIONS

How was the interview conducted?

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☒ Teleclaim with claimant
(Complete 1-8 and 15 below)☐ Face-to-face with claimant
(Complete 1-15 below)☐ No contact with claimant
(Go to Page 4)

If the claimant had difficulty with the following, check the "yes" block and explain in "observations" or check "no" or "not observed/perceived." (Explain any "no" answers that you think would assist the DDS in making a decision.)

- | | | | |
|---------------------|------------------------------|--|--|
| 1. Hearing | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 2. Reading | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Not observed/perceived |
| 3. Breathing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 4. Understanding | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 5. Coherency | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 6. Concentrating | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 7. Talking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 8. Answering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 9. Sitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 10. Standing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 11. Walking | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 12. Seeing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 13. Using hand(s) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 14. Writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not observed/perceived |
| 15. Other (specify) | | | |

OBSERVATIONS: Describe the claimant's behavior, appearance, grooming, degree of limitations, etc.

No difficulties observed during the conversation

10. Development initiated by FO

A. Medical

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Source	Date Requested	Tickle/Diary Date	Evidence to be Forwarded by Source to		Capability Development Requested
			DDS	FO	

B. Other

Source	Date Requested	Tickle/Diary Date	Evidence to be Forwarded by Source to	
			DDS	FO

C. Forms to be completed by applicant and sent to the DDS.

☐ SSA-3370 ☐ SSA-3371 ☐ SSA-3369 ☐ Other _____

11. If medical evidence was brought in to the FO by the claimant, check here ☐

12. Is DDS capability development needed? ☐ Yes ☒ No

REMARKS

NAME OF INTERVIEWER (Print)

NAME OF PERSON COMPLETING FORM (Print) (if different from interviewer)

DATE

334 223-7183
Area Code Phone Number

UNIT: 40

100

DISABILITY DETERMINATION SERVICE**POST OFFICE BOX 830300****BIRMINGHAM, ALABAMA 35283-0300**

Birmingham Number 205-989-2100

Toll-Free Number 1-800-292-8106

Toll-Free Fax Number 1-800-524-6489

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TDN: 1746432492

DISABILITY SPECIALIST: Beth Jones

CLAIMANT: TYRON WORKS

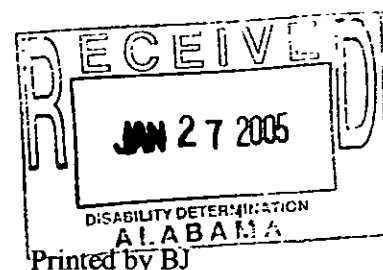
CLAIM: 258025

A/N: 419-08-7667 INT/SSA

PHYSICAL ACTIVITIES QUESTIONNAIRE

It is very important that you provide as much detail as possible when answering the following questions about your daily activities. This information will enable us to fully consider how your condition(s) limit your functioning on a daily basis. If you need additional space for your answers, you may write on the back of the form or attach additional paper. Be sure to include your name on any additional sheets.

1. Describe your usual daily activities, commenting on things such as household chores, shopping, errands, walking, driving, yard work, hobbies, doing small repairs, etc. Include how long it takes for you to complete some of these activities. Please give details and examples of activities. *my normal activities are doing my household chores, running errands, walking my dog, playing with my daughter, going to work and just living life and enjoying it.*
2. What difficulties, if any do you have completing routine or familiar tasks. *I can now do none of the above at all or without the assistance of someone else. I truly understand the meaning of Handicap now.*
3. A. If you have problems standing, walking or sitting, describe the problem(s) you have with each of these activities. *Can't stand long. it puts pressure on my spine and causes pain and numbness. walking causes pain and it numbness occurs I will fall. sitting irritates the spine and causes pain.*
 B. If you are able to stand, walk and sit, how LONG can you do each of these?

Stand as tolerated Walk as needed Sit as tolerated

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Disability Determination Service
Physical Activities of Daily Living Questionnaire
TYRON WORKS

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CLAIM: 258025

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- C. 1. If you use crutches, a cane, a walker or a wheelchair, tell which one is used and explain why you must use the assistive device. *as of right now, no devices but I have back surgery on Feb. 08, 2005 and will be using these devices afterward.*
2. If you use crutches, a cane, a walker or a wheelchair, who prescribed the assistive device and when was it prescribed? *It will be prescribed by my ortho surgeon on or after Feb 8, 2005. Dr. Pritchback.*

4. Does anyone depend on you for care (spouse, children, parents, pets, etc.)?

☒ Yes ☐ No

If yes, tell who you are responsible for and what assistance you give them. If you are unable to provide the needed assistance, please explain. *my daughter, I provide everything. It's just me and my daughter living together. Since my back condition I have been depending on my family and friends for help with her.*

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING EACH OF THE FOLLOWING ACTIVITIES:

5. Personal Care (such as bathing, showering, dressing, shaving, doing your hair, etc.)

Does your condition(s) limit you in performing these activities?

☒ Yes ☐ No

If yes, explain the limitation(s): *I need help bathing and showering so that I won't fall in the tub. When dressing myself I need help with putting on my pants, socks, shoes, etc.*

Explain any changes in doing these activities since the beginning of your condition(s): *Before I could do it by myself, now I need help.*

Describe any assistance you require to perform these activities: *Assistance in bathing, getting dress is need to keep from injuring myself further.*

Disability Determination Service
Physical Activities of Daily Living Questionnaire
TYRON WORKS

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CLAIM: 258025

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6. Cooking and Preparing Meals

Does your condition(s) limit you in performing these activities?

☒ Yes () No

If yes, explain the limitation(s): I can't stand for a long period of time to prepare meals also if my legs give out I could fall on the stove, burn myself or start a fire.

Explain any changes in doing these activities since the beginning of your condition(s): Now my family and friends prepare my meals for me.

Describe any assistance you require to perform these activities: meals are prepared by other people.

7. Household Chores (such as cleaning, using a vacuum cleaner, doing laundry, making beds, taking out trash, etc.)

Does your condition(s) limit you in performing these activities?

☒ Yes () No

If yes, explain the limitation(s): I'm not supposed to lift anything or do anything that will cause my back to go out. Doctors orders.

Explain any changes in doing these activities since the beginning of your condition(s): Before I could keep my own house, now my family does it.

Describe any assistance you require to perform these activities: my family does my daily chores for me.

Disability Determination Service
Physical Activities of Daily Living Questionnaire
TYRON WORKS

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CLAIM: 258025

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8. Yard Work (such as mowing grass, raking, sweeping sidewalks, gardening, etc.)
Does your condition(s) limit you in performing these activities?

☒ Yes () No

If yes, explain the limitation(s): I can't perform any of these tasks.

Explain any changes in doing the activities since the beginning of your condition(s): I love working in my yard but now I have to pay a yard man to do it.

Describe any assistance you require to perform these activities: Hired help

9. Shopping (such as shopping for groceries, clothes, household items, etc.)
Does your condition(s) limit you in performing these activities?

☒ Yes () No

If yes, explain the limitation(s): I don't go out much do to pain.

Explain any changes in doing these activities since the beginning of your condition(s): my family shops for me

Describe any assistance you require to perform these activities: Some one else does it for me.

Disability Determination Service
Physical Activities of Daily Living Questionnaire
TYRON WORKS

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10. Loading and unloading groceries or other items to and from the car
Does your condition(s) limit you in performing these activities?

☒ Yes () No

If yes, explain the limitation(s): Can't lift anything.

Explain any changes in doing these activities since the beginning of your condition(s): Can't lift anything

Describe any assistance you require to perform these activities: Some one else does it

11. Driving a car

Does your condition(s) limit you from performing this activity?

☒ Yes () No

If yes, explain the limitation(s): Sometimes I can drive and some times I can't. my condition cause my entire right side to go numb. When this happens or I feel it coming on I have some one to drive me around (Back and forth to Doctors and Rehab)

Explain any changes in doing the activities since the beginning of your condition(s): I can't drive sometimes because I'm afraid my right side may go numb and I have a accident

Describe any assistance you require to perform this activity: Some one drives me around.

Disability Determination Service
Physical Activities of Daily Living Questionnaire
TYRON WORKS

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CLAIM: 258025

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12. How long can you perform most activities before you have to take a break because of your condition(s)?

maybe 5 to 10 min.

13. What causes you to stop doing your usual activities? pain, numbness, discomfort.

14. Please provide any additional information about any other limitations caused by your condition(s). on a personal

side I am engage and since my condition haven't been able to perform sexually.

15. List any medication(s) you take for your condition(s) and how often you take the medicine.

Celebrax = 1 x day Cardizem = 1 every day Hydrocodone = 1 (twice Day)
skelaxin = 1 (3x) day Protonix = " "
Dorvolet = 1 x day or as needed for pain Ecotrin = " "
Loraz = 1 every 4 hrs

Tyron Works

Signature of Applicant

24 Jan 05

Date

Home telephone number: 334-279-8671

Name of person completing this form

Relationship to (if other than the applicant) applicant

Disability Specialist's signature
(if this information was taken over the phone)

Date

UNIT: 40

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DATE: January 19, 2005

DISABILITY SPECIALIST: Beth Jones

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WORK HISTORY REPORT

SECTION 1 - INFORMATION ABOUT THE DISABLED PERSON

A. NAME OF CLAIMANT: TYRON WORKS

B. SOCIAL SECURITY NUMBER: 419-08-7667 INT/SSA

C. DAYTIME TELEPHONE NUMBER (If you have no number where you can be reached, give us a daytime number where we can leave a message for you.)

334 279-8671 (X) Your Number () Message Number () None
 (Area Code) (Number)

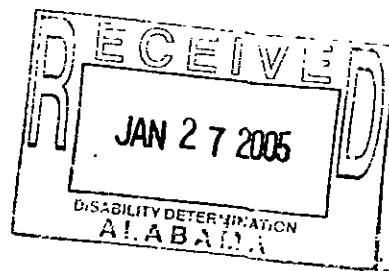
SECTION 2 - INFORMATION ABOUT YOUR WORK HISTORY

List the kinds of jobs that you have had in the last 15 years that you worked.

JOB TITLE (Example: Cook)	TYPE OF BUSINESS (Example: Restaurant)	DATES WORKED (Month & Year) FROM TO
------------------------------	---	---

1. IT Tech	State Gov	7/02 - 11/04
2. Stock Clerk	"	2/02 - 6/02
3. Sr. Logistic Management	U.S. Army	5/97 - 10/01
4. Asst. Store Manager	Retail	5/95 - 4/97
5. Student	School/College	1/93 - 5/95
6. Helicopter Mechanic	U.S. Army	8/89 - 10/92
Student	High School	
8.		
9.		
10.		

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JOB TITLE NO. 1

TYRON WORKS

SSN: 419-08-7667 INT/SSA

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GIVE US MORE INFORMATION ABOUT JOB NO. 1 LISTED ABOVE. ESTIMATE HOURS AND PAY, IF YOU NEED TO.

JOB TITLE NO. 1

Rate of Pay \$ 1794.00 Hour IT Tech Per (Circle One) Month Year Hours per day 8 Days per week 5

In this job, did you:

Use machines, tools, or equipment?

Yes (explain below) ☒No ☐

Use technical knowledge or skills?

Yes (explain below) ☒No ☐

Write reports or complete forms?

Yes (explain below) ☒No ☐

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section or on the back of this page.)

During the course of a day I ran computer programs, ~~from~~ print out reports, Filled out problem reports of programs, Printed and sealed checks for entire state of Alabama.

In this job, how many total hours did you work each day? 8

In this job, how many total hours each day did you :

Walk? 8Stand? 8Sit? 8Climb? 0Stoop? (Bend down and forward at waist.) 8Write, type or handle small objects? 8Kneel? (Bend legs to rest on knees.) 8Crouch? (Bend legs & back down & forward.) 8Crawl? (Move on hands & knees.) 0Handle, grab or grasp big objects? 8

Lifting and Carrying: (Explain what you lifted, how far you carried it, and how often you did this.)

I had to go to basement and pull a pallet loaded with boxes of checks or computer paper up to second floor storage then I had to unload pallets, carry boxes to put near the different printers about 50 feet or so.

Check heaviest weight you lifted?

☐ Less than 10 lbs.☐ 10 lbs.☐ 20 lbs.☒ 50 lbs.☐ 100 lbs. or more☐ Other _____

Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

☐ Less than 10 lbs.☐ 10 lbs.☐ 25 lbs☒ 50 lbs. or more☐ Other _____

Page 3

TYRON WORKS

SSN: 419-08-7667 INT/SSA

Did you supervise other people in this job?

Yes (X) (Complete items below.)

No () (Skip to Job Title No. 2)

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How many people did you supervise? 1What part of your time was spent supervising people? 1/2

Did you hire and fire employees? Yes () No (X)

Were you a lead worker? Yes (X) No ()

JOB TITLE NO. 2

● GIVE US MORE INFORMATION ABOUT JOB NO. 2 LISTED ABOVE. ESTIMATE HOURS AND PAY, IF YOU NEED TO.

JOB TITLE NO. 2

Rate of Pay	<u>\$ 1295.00</u>	Hour	Per (Circle One)	Week	Month	Year	Hours per day	<u>8</u>
							Days per week	<u>5</u>

In this job, did you:

Use machines, tools, or equipment?

Yes (explain below) (X)

No ()

Use technical knowledge or skills?

Yes (explain below) (X)

No ()

Write reports or complete forms?

Yes (explain below) (X)

No ()

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section or on the back of this page.)

Initiate requests to replenish stock. Receive and stock office
supplies. Deliver supplies upon request. maintain up to date inventory
Physical Inventory, Check, assemble, pack shipments. Operated Folding & Sealing machine
Reports.

In this job, how many total hours did you work each day? 8

In this job, how many total hours each day did you :

Walk? 8Stand? 8Sit? 8Climb? 8

Stoop? (Bend down and forward at waist.)

Write, type or handle small objects?

Kneel? (Bend legs to rest on knees.)

Crouch? (Bend legs & back down & forward.)

Crawl? (Move on hands & knees.)

Handle, grab or grasp big objects?

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TYRON WORKS

SSN: 419-08-7667 INT/SSA

Lifting and Carrying: (Explain what you lifted, how far you carried it, and how often you did this.)

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Carried all supplies from loading dock to seventh floor supply room. Moved office furniture from loading dock through out building.

Check heaviest weight you lifted?

() Less than 10 lbs. () 10 lbs. () 20 lbs. () 50 lbs.
(X) 100 lbs. or more () Other _____

Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.)

() Less than 10 lbs. () 10 lbs. (X) 25 lbs () 50 lbs. or more () Other _____

Did you supervise other people in this job?

Yes () (Complete items below.)

No (X) (Skip to Job Title No. 2)

How many people did you supervise? _____

What part of your time was spent supervising people? _____

Did you hire and fire employees? Yes () No ()

Were you a lead worker? Yes () No ()

JOB TITLE NO. 3

GIVE US MORE INFORMATION ABOUT JOB NO. 3 LISTED ABOVE. ESTIMATE HOURS AND PAY, IF YOU NEED TO

JOB TITLE NO. 3

Sr. Logistic Management

Rate of Pay	Hour	Per (Circle One) Week Month Year	Hours per day Days per week
\$ 2800.00		Month	40 12 + 5 +

In this job, did you:

Use machines, tools, or equipment?

Yes (explain below) (X) No ()

Use technical knowledge or skills?

Yes (explain below) (X) No ()

Write reports or complete forms?

Yes (explain below) (X) No ()

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section or on the back of this page.)

managed aviation supply parts, which included procurement, replenishment, and issue. Responsible for installation, repair, support, and relocation of personal computers. All other military duties.

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Page 5
 TYRON WORKS

SSN: 419-08-7667 INT/SSA

In this job, how many total hours did you work each day? 12 + 94
 In this job, how many total hours each day did you :

Walk? <u>12</u>	Kneel? (Bend legs to rest on knees.) <u>12</u>
Stand? <u>12</u>	Crouch? (Bend legs & back down & forward.) <u>12</u>
Sit? <u>12</u>	Crawl? (Move on hands & knees.) <u>12</u>
Climb? <u>12</u>	Handle, grab or grasp big objects? <u>12</u>
Stoop? (Bend down and forward at waist.) <u>12</u>	
Write, type or handle small objects? <u>12</u>	

Lifting and Carrying: (Explain what you lifted, how far you carried it, and how often you did this.)

Aircraft parts from Warehouse to Supply office to receive in
the put in parts location.

Check heaviest weight you lifted?

() Less than 10 lbs. () 10 lbs. () 20 lbs. () 50 lbs.
 () 100 lbs. or more (X) Other 100 lbs +

Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3/ of the workday.)

() Less than 10 lbs. () 10 lbs. () 25 lbs (X) 50 lbs. or more () Other _____

Did you supervise other people in this job?

Yes (X) (Complete items below.)
 No () (Skip to Job Title No. 2)

How many people did you supervise? 5

What part of your time was spent supervising people? All

Do you hire and fire employees? Yes () No (X)

Were you a lead worker? Yes (X) No ()

JOB TITLE NO. 4

GIVE US MORE INFORMATION ABOUT JOB NO. 4 LISTED ABOVE. ESTIMATE HOURS AND PAY, IF YOU NEED TO.

JOB TITLE NO. 4

Asst Store Manager

Rate of Pay	Per (Circle One)	Hours per day
\$ <u>9.75</u>	<u>Hour</u> Week Month Year	<u>9</u>
		Days per week <u>5</u>

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TYRON WORKS

SSN: 419-08-7667 INT/SSA

In this job, did you:

Use machines, tools, or equipment?

Yes (explain below) ☒ No ☐

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Use technical knowledge or skills?

Yes (explain below) ☒ No ☐

Write reports or complete forms?

Yes (explain below) ☒ No ☐

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section or on the back of this page.)

Responsible for recruiting, hiring, training, developing and evaluating store employees.
manage all phases of store operations to ensure maximum sales and profitability
through focusing on key business initiatives, store presentation, marketing execution

In this job, how many total hours did you work each day? 9 +Walk? 9Stand? 9Sit? 9Climb? 0Stoop? (Bend down and forward at waist.) 9Write, type or handle small objects? 9Kneel? (Bend legs to rest on knees.) 9Crouch? (Bend legs & back down & forward.) 9Crawl? (Move on hands & knees.) 0Handle, grab or grasp big objects? 0

Lifting and Carrying: (Explain what you lifted, how far you carried it, and how often you did this.)

Carrying boxes of videos received in to the store to stock room.

Check heaviest weight you lifted?

☐ Less than 10 lbs.☐ 10 lbs.☐ 20 lbs.☒ 50 lbs.☐ 100 lbs. or more☐ Other _____

Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3/ of the workday.)

☐ Less than 10 lbs.☐ 10 lbs.☐ 25 lbs.☒ 50 lbs. or more☐ Other _____

Did you supervise other people in this job?

Yes ☒ (Complete items below.)No ☐ (Skip to Job Title No. 2)How many people did you supervise? 20What part of your time was spent supervising people? ALLDid you hire and fire employees? Yes ☒ No ☐Were you a lead worker? Yes ☒ No ☐

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JOB TITLE NO. 5

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TYRON WORKS

SSN: 419-08-7667 INT/SSA

GIVE US MORE INFORMATION ABOUT JOB NO. 5 LISTED ABOVE. ESTIMATE HOURS AND PAY, IF YOU NEED TO.

JOB TITLE NO. 5

Helicopter mechanic

Rate of Pay	Hour	Per (Circle One)	Year	Hours per day	Days per week
\$ <u>1900.00</u>		Week <u>Month</u>		<u>12+</u>	<u>5+</u>

In this job, did you:

Use machines, tools, or equipment?

Yes (explain below) ☒ No ☐

Use technical knowledge or skills?

Yes (explain below) ☒ No ☐

Write reports or complete forms?

Yes (explain below) ☒ No ☐

Describe this job. What did you do all day? (If you need more space, write in the "Remarks" section or on the back of this page.)

Perform maintenance of Army helicopters, engine, power train and air frame.

In this job, how many total hours did you work each day?

12+

In this job, how many total hours each day did you :

Walk? 12+Stand? 12+Sit? 12+Crawl? 12+Squat? (Bend down and forward at waist.) 12+Write, type or handle small objects? 12+Kneel? (Bend legs to rest on knees.) 12+Crouch? (Bend legs & back down & forward.) 12+Crawl? (Move on hands & knees.) 12+Handle, grab or grasp big objects? 12+

Lifting and Carrying: (Explain what you lifted, how far you carried it, and how often you did this.)

Carrying aircraft parts from Tech supply out to air craft in the hanger or on flight line.

Check heaviest weight you lifted?

☐ Less than 10 lbs.☐ 10 lbs.☐ 20 lbs.☐ 50 lbs.☐ 100 lbs. or more☒ Other 1000 lbs +

Check weight you frequently lifted: (By frequently, we mean from 1/3 to 2/3/ of the workday.)

☐ Less than 10 lbs.☐ 10 lbs.☐ 25 lbs☒ 50 lbs. or more☐ Other _____

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TYRON WORKS

SSN: 419-08-7667 INT/SSA

Did you supervise other people in this job?

Yes (✓) (Complete items below.)

No () (Skip to Job Title No. 2)

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How many people did you supervise? 8What part of your time was spent supervising people? All

Did you hire and fire employees? Yes () No (✓)

Were you a lead worker? Yes (✓) No ()

~~~~~  
PART III - REMARKS  
~~~~~

USE THIS SECTION FOR ANY ADDED INFORMATION YOU DID NOT SHOW IN EARLIER PARTS OF THIS FORM

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TYRON WORKS

SSN: 419-08-7667 INT/SSA

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PART III - REMARKS CONTINUED

ANYONE MAKING A FALSE STATEMENT OR REPRESENTATION OF A MATERIAL FACT FOR USE IN DETERMINING A RIGHT TO PAYMENT UNDER THE SOCIAL SECURITY ACT COMMITS A CRIME PUNISHABLE UNDER FEDERAL LAW.

Signature of claimant or person filing on the claimant's behalf (parent, guardian)

SIGN HERE Tyron Work DATE 24 JAN 05

Witnesses are required ONLY if this statement has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the person making the statement must sign below, giving their full addresses.

1. Signature of Witness

2. Signature of Witness

Address (Number and street, city, state, zip code)

Address (Number and street, city, state, zip code)

ALABAMA DISABILITY DETERMINATION SERVICE
VOCATIONAL RATIONALE FORM

CLAIMANT NAME: TYRON WORKS

A/N:419087667

Date of Birth: 02/06/1972

CLAIM #258025

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DISABILITY SPECIALIST: Beth Jones

I. GENERAL CLAIM INFORMATION

A. RATIONALE IS FOR:

☐ 1. Current Evaluation☒ 3. Projected After 12 Months 11/29/2005☐ 2. Date Last Insured _____☐ 4. Other: _____

B. AGE:

☒ 1. Younger Individual (Up to 49)☐ 2. Approaching Advanced Age (50-54)☐ 3. Advanced Age (55-59)☐ 4. Approaching Retirement Age (60-64)

C. EDUCATION:

☐ 1. Illiterate/No English☐ 3. Limited (7-11 years)☐ 2. Marginal (6 years or less)☒ 4. High School (12 years or more)

II. PAST RELEVANT WORK

☐ A. The claimant has no past relevant work experience.☐ 1. The claimant has a severe impairment, is of advanced age or older and has a limited education.
This fits the special adverse vocational profile. (POMS DI 25010.001 B.2.)☒ B. The limitations outlined in RFC/MRFC dated 05/19/2005 are consistent with the physical/
mental requirements of the claimant's past relevant work as a: IT TECK/COMPUTER OPERATOR☐ 1. as the job was actually performed AND/OR☒ 2. as the job is usually performed in the national economy
DOT # 213.362-010☐ C. 1. The claimant's past relevant work as actually performed would be ruled out due to limitations
outlined in RFC/MRFC dated _____

JOB TITLE

RFC LIMITATIONS THAT RULE OUT JOB

- A.
-
- B.
-
- C.
-
- D.
-
- E.
-
- F.
-
- G.

2. The claimant's past relevant work as usually performed in the national economy would be
ruled out due to limitations outlined in the RFC/MRFC dated _____

DOT

RFC LIMITATIONS THAT RULE OUT JOB

- A.
-
- B.
-
- C.
-
- D.
-
- E.
-
- F.
-
- G.

5/19/05

7E

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CLAIMANT NAME: TYRON WORKS

A/N:419087667

DISABILITY SPECIALIST: Beth Jones

CLAIM #258025

- ☐ D. The claimant's past relevant work as a _____ is a combination of two or more different jobs. As such, the job is determined to have no direct correlation to one occupational title in the national economy (D.O.T.). The claimant's description regarding the physical/mental demands of this job are therefore accepted as given. (ITEM II.C.1 must be completed.) 100

- ☐ E. Reasonable attempts to document all of the claimant's past relevant work have been unsuccessful. Review of the vocational information already in file supports the claimant's ability to perform other work, step 5. (Reference: Prototype Operating Instructions, Section III. C. 9.)

Additional Rationale Comments:

III. OTHER WORK

A. RFC/MRFC Assessment(s): Maximum Work Capacity

Date(s):

- ☐ 1. No Exertional Limitations
☐ 2. Heavy Work Range
☐ 3. Medium Work Range
☐ 4. Light Work Range
☐ 5. Limited Light Work Range
☐ 6. Sedentary Work Range
☐ 7. Less Than A Full Sedentary Work Range
☐ 8. Skilled Level Work
☐ 9. Semi-Skilled Level Work
☐ 10. Unskilled Level Work
☐ 11. Unskilled Work Requirements Not Met

- ☐ B. The restrictions as outlined on ☐ RFC or ☐ MRFC dated _____ would preclude the claimant from performing the basic requirements of ☐ sedentary OR ☐ unskilled work due to:

- ☐ C. The claimant has acquired skills from past relevant work, but the issue of transferability of those skills to other jobs is immaterial. Job citation of occupations the claimant could perform is located in III.E.

- ☐ D. The claimant has acquired skills from relevant past work that are transferable to other jobs. Please refer to the vocational analysis in file.

- ☐ E. The claimant has not acquired transferable skills. The overall vocational profile remains favorable for work adjustment to other jobs. Examples of jobs this claimant can perform include:

JOB TITLE/DOT#

STRENGTH/SKILL LEVEL

- 1.
- 2.
- 3.

Affirmative evidence of job existence is confirmed by the appropriate reference material which documents a significant number of individuals are employed in the primary industries wherein these jobs are found.

- ☐ F. The claimant has a severe upper extremity impairment that causes a ☐ partial OR ☐ major loss of the use of the ☐ left OR ☐ right upper extremity. Given the claimant's age of _____ and the absence of any transferable skills, such restrictions as indicated by the RFC dated _____ would not preclude the claimant from adjusting to other unskilled types of work involving elementary handling functions, non-complex clerical or customer service and simple machine tending work. These job functions include such activities as welding, assembling, inspecting and sanding/finishing. These jobs are found throughout the national economy in numerous work settings.

101

- ☐ G. This claimant's age is within a few days/weeks of a higher age category and using that higher age category would result in a favorable determination. The following factor(s) will justify use of a higher age category:

- ☐ 1. English literacy is minimal.
- ☐ 2. The ability to communicate in English is marginal.
- ☐ 3. The requirements for meeting an educational level are marginal.
- ☐ 4. There are multiple years of unskilled work in an isolated industry.
- ☐ 5. There are impairments, in addition to primary impairment(s), that were considered in the RFC assessment but did not significantly impact on the occupational base of the exertional level established by the RFC assessment.

- ☐ H. The claimant ☐ HAS ☐ HAS NOT acquired skills from past work activity. The overall vocational profile is not favorable for work adjustment to other jobs because:

- ☐ I. Vocational Rule Number:

- ☐ 1. Rule is met and directs a decision of ☐ Disabled OR ☐ Not Disabled
- ☐ 2. Rule provides the framework for a decision of ☐ Disabled OR ☐ Not Disabled

Additional Rationale Comments:

SIGNATURE:

Beth E Jones

Date

05/19/2005

DICTIONARY OF OCCUPATIONAL TITLES

OCCUPATION DEFINITION

Title: COMPUTER OPERATOR Alternate Titles:

DOT Number: 213.362-010 GOE Code: 070601 SVP: 6 Strength: L

Industry: clerical

General Educational Development: Reasoning: 4 Mathematics: 2 Language: 3 Last Update: 90

Physical Demands

C B S K C C R H F F T H T N F D A C F
O O O N F F F N F F N F N F N N

Environmental Conditions

W C H W N V A M E H R E T O
N N N N 3 N N N N N N N N N

Description:

Operates computer and peripheral equipment to process business, scientific, engineering, or other data, according to operating instructions: Enters commands, using keyboard of computer terminal, and presses buttons and flips switches on computer and peripheral equipment, such as tape drive, printer, data communications equipment, and plotter, to integrate and operate equipment, following operating instructions and schedule. Loads peripheral equipment with selected materials, such as tapes and printer paper for operating runs, or oversees loading of peripheral equipment by peripheral equipment operator.

Enters commands to clear computer system and start operation, using keyboard of computer terminal. Observes peripheral equipment and error messages displayed on monitor of terminal to detect faulty output or machine stoppage. Enters commands to correct error or stoppage and resume operations. Notifies supervisor of errors or equipment stoppage. Clears equipment at end of operating run and reviews schedule to determine next assignment. Records problems which occurred, such as down time, and actions taken. May answer telephone calls to assist computer users encountering problem. May assist workers in classifying, cataloging, and maintaining tapes [TAPE LIBRARIAN (clerical) 206.367-018].

NOTE: For Explanation of Physical Demands and Environmental Conditions, See Help or written documentation.

Montgomery Cardiovascular Associates, P.C.2119 East South Blvd. Montgomery, AL 36116
(334)280-1500 Fax: (334)280-1600

February 3, 2005

Page 1

Chart Document

TYRON WORKS

Male DOB:02/06/1972

103698-1-mc

Home: 3342798671 Office: 3342421225

Ins: B/C OF A (1) Grp: 13000

11/16/2004 - Office Visit: Progress Note**Provider: ILIANA ARELLANO MD****Location of Care: Montgomery Cardiovascular Associates, P.C.****PROGRESS NOTE**

NAME: WORKS, TYRON
MCA CHART NO.: 103698-1-mc
DOB: 02/06/1972
DATE: 11/16/2004 2:38 PM
PHYSICIAN: ILIANA ARELLANO
REFERRING: WALLACE FALERO

CURRENT PROBLEMS:

ATRIAL FIBRILLATION (ICD-427.31)
SHORTNESS OF BREATH WITHOUT ACTIVITY (ICD-786.05)
HAND EDEMA (ICD-782.3)
PALPITATIONS (ICD-785.1)
DIZZINESS/LIGHTEADEDNESS (ICD-780.4)

CURRENT MEDICATIONS:

CARDIZEM CD 120 MG CP24 (DILTIAZEM HCL COATED BEADS) qam
ASPIR-TRIN 325 MG TBEC (ASPIRIN) qd
HYDROCODONE-ACETAMINOPHEN 5-500 MG TABS (HYDROCODONE-ACETAMINOPHEN) prn
PROTONIX 20 MG TBEC (PANTOPRAZOLE SODIUM) qd

ALLERGIES: * TYPHOID

INTERIM HISTORY: Mr. Works is a 32 year old African-American male with a history of atrial fibrillation here for follow up. He was also admitted with chest pain at the time of the atrial fibrillation. He currently denies any chest pain, no orthopnea, PND or pedal edema. He has had no syncope or presyncope. He states that he occasionally feels a pause in his heartbeat but no fast heart rate like before. This only occurs about three times a month.

VITAL SIGNS:

Weight (lbs): 205
Pulse rate: 80
Pulse rhythm: regular
Blood Pressure: 122/86

PHYSICAL EXAM:

CARDIOVASCULAR: Showed regular rate and rhythm with a single S1 and S2. No murmurs, gallops or rubs.
LUNGS: Clear to auscultation bilaterally.
ABDOMEN: Benign.
EXTREMITIES: Had no edema.

9/21/04 - 11/16/04

1-F

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Montgomery Cardiovascular Associates, P.C.

2119 East South Blvd. Montgomery, AL 36116
(334)280-1500 Fax: (334)280-1600

February 3, 2005

Page 2

Chart Document

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TYRON WORKS

Home: 3342798671 Office: 3342427226

Male DOB:02/06/1972

103698-1-mc

Ins: B/C OF A (1) Grp: 13000

ASSESSMENT AND PLAN:

1. Atrial fibrillation. He has had only one episode. His event monitor showed sinus rhythm and some occasional sinus arrhythmia without any further atrial fibrillation. He did complain of several episodes of rapid heartbeat, however, this was associated with sinus arrhythmia or sinus rhythm. He is to continue on his same medications.
2. Chest pain. He has had a normal stress echo. I have also started him on Protonix and that has seemed to help his symptoms.
3. He is to follow up with us in six months or earlier if needed.

Iliana Arellano, M.D.

IA/cbb

Fax to:

Dr. Wallace Falero
Medical Outreach Ministries
88 West South Boulevard
Montgomery, Alabama 36105-3144
Phone: 281-8008
Fax: 281-0090

DD: 11/16/04

DT: 11/17/04

Signed by ILIANA ARELLANO MD on 11/22/2004 at 7:40 PM

Montgomery Cardiovascular Associates, P.C.

2119 East South Blvd. Montgomery, AL 36116
(334)280-1500 Fax: (334)280-1600

February 3, 2005

Page 1

Chart Document

TYRON WORKS

Home: 3342798671 Office: 3342427216

Male DOB:02/06/1972

103698-1-mc

Ins: B/C OF A (1) Grp: 13000

09/23/2004 - Office Visit: Event Monitor

Provider: ILIANA ARELLANO MD

Location of Care: Montgomery Cardiovascular Associates, P.C.

EVENT MONITORING REPORT

NAME: WORKS, TYRON
MCA CHART NO.: 103698-1-mc
D.O.B.: 02/06/1972
DATE: 09/23/2004 11:03 AM
10/22/2004
ORDERING M.D.: ILIANA ARELLANO
INTERPRETING M.D.: ILIANA ARELLANO
REFERRING M.D.: WALLACE FALERO

FINDINGS:

1. Baseline transmission showed sinus tachycardia at 101 beats per minute and sinus rhythm.
2. On the second transmission the patient was symptomatic with "rapid heartbeat". This was associated with sinus rhythm and sinus arrhythmia.
3. On the third transmission, the patient complained of "chest tightness, fast heartbeat, and shortness of breath". The transmission showed sinus rhythm.
4. The fourth transmission was a follow up recording. The patient was symptomatic at the time of transmission with "rapid heartbeat". This again showed sinus rhythm.

CONCLUSION: Benign event monitor.

Iliana Arellano, M.D.

IA/lw

Fax to:

Dr. Wallace Falero
Medical Outreach Ministries
88 West South Boulevard
Montgomery, Alabama 36105-314
Phone: 281-8008
Fax: 281-0090

DD: 10/26/04

DT: 10/27/04

Signed by ILIANA ARELLANO MD on 10/27/2004 at 9:10 AM

Montgomery Cardiovascular Associates, P.C.

2119 East South Blvd. Montgomery, AL 36116
(334)280-1500 Fax: (334)280-1600

February 3, 2005

Page 2

Chart Document

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TYRON WORKS

Home: 3342798671 Office: 3342427226

Male DOB:02/06/1972

103698-1-mc

Ins: B/C OF A (1) Grp: 13000

Followup 11/16 for results and reassessment.

Appended by Deborah Stone on 10/29/2004 at 9:57 AM

Montgomery Cardiovascular Associates, P.C.

2119 East South Blvd. Montgomery, AL 36116
(334)280-1500 Fax: (334)280-1600

February 3, 2005

Page 1

Chart Document

TYRON WORKS

Home: 3342798671 Office: 3342427226

Male DOB:02/06/1972

103698-1-mc

Ins: B/C OF A (1) Grp: 13000

09/23/2004 - Office Visit: Rest/Stress Echo

Provider: ILIANA ARELLANO MD

Location of Care: Montgomery Cardiovascular Associates, P.C.

REST/STRESS ECHOCARDIOGRAM REPORT

NAME: WORKS, TYRON
MCA CHART NO.: 103698-1-mc
D.O.B.: 02/06/1972
DATE: 09/23/2004 9:10 AM
ORDERING M.D.: ILIANA ARELLANO
INTERPRETING M.D.: ILIANA ARELLANO
REFERRING M.D.: WALLACE FALERO

PROCEDURE: The patient was exercised on the Standard Bruce Protocol for 7 minutes. Baseline heart rate was 100 beats per minute and increased to 167 beats per minute at peak stress, which was approximately 90% of maximum predicted heart rate. Baseline blood pressure was 110/62 and increased to 140/82 at peak stress. The patient did not have any chest pain or shortness of breath during the procedure. The procedure was stopped secondary to leg fatigue and achieving maximum predicted heart rate. The patient achieved a total of 10.1 METS.

EKG INTERPRETATION: The baseline EKG showed sinus tachycardia at 100 beats per minute without any ST segment changes. During exercise the patient did not develop any ST segment changes indicative of ischemia. There were no arrhythmias.

ECHOCARDIOGRAM: The baseline echocardiogram showed normal left ventricular systolic function at approximately 60-65%. After peak exercise, there were no new areas of hypokinesis or akinesis. There was no left ventricular dilatation. There was augmentation of all wall motion.

CONCLUSION:

1. Poor exercise tolerance.
2. Negative stress echocardiogram by clinical criteria.
3. Negative stress echocardiogram by electrocardiographic criteria.
4. Negative stress echocardiogram by echocardiographic criteria.

Iliana Arellano, M.D.

IA/lw

Fax to:

Dr. Wallace G. Falero
Baptist Medical Outreach Ministries
88 West South Boulevard
Montgomery, Alabama 36105-3144
Phone: 281-8008

TYRON WORKS

Home: 3342798671 Office: 3342427226

Male DOB:02/06/1972

103698-1-mc

Ins: B/C OF A (1) Grp: 13000

Fax: 281-0090

DD: 10/27/04

DT: 10/27/04

Discussed by Dr. Arshad at clinic visit. DS

Signed by ILIANA ARELLANO MD on 11/01/2004 at 9:06 AM

09/22/04 08:47:29 BMC Medical Records->

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BAPTIST MEDICAL CENTER EAST
400 Taylor Road
P.O. Box 17720
Montgomery, Alabama 36193-4201

SCANNED

PATIENT: WORKS, TYRON ""
MR #: 000252640
PHYSICIAN: TAMJEED ARSHAD, M.D.

ROOM #: 256
PATIENT #: 0426500699
ADM. DATE: 9/21/04

PATIENT VERIFICATION DATA:
WORKS, TYRON "" - 0426500699

HISTORY OF PRESENT ILLNESS: The patient is a 32-year-old African-American male who presented with complaints of chest tightness and pounding in his chest. He has no prior history of any heart disease, no history of hypertension or diabetes. He started having symptoms yesterday when he woke up. He felt like somebody was sitting on his chest and also had a pounding as if his heart was about to jump out of his chest. It lasted the whole day until he came to the ER. He was noted to be in atrial fibrillation with a rapid ventricular response, was started on Cardizem and he converted to sinus rhythm earlier today. He still has some persistent chest tightness which gets worse when he takes in a deep breath. His troponin level has been normal. His EKG this morning is sinus rhythm without any evidence of acute ST-T wave changes. He had a similar episode in 2000 while stationed in Germany and after extensive workup he was started on Zantac for presumptive diagnosis of gastroesophageal reflux disease. He did have a stress test at that time. According to him it was normal.

PAST MEDICAL HISTORY: As above.

ALLERGIES TO MEDICATIONS: None.

HOME MEDICATIONS: Zantac p.r.n. basis and Lorlab p.r.n. basis.

SOCIAL HISTORY: He works for the State. He is a computer programmer. He does not smoke. He drinks socially. Caffeine intake - 4-5 cups of coffee a week and about the same number of sodas a week.

REVIEW OF SYSTEMS: No history of seizures, stroke. No history of kidney or liver problems. No history of recent vomiting, diarrhea, fever or chills. No history of bleeding diathesis.

FAMILY HISTORY: No history of early coronary disease.

PHYSICAL EXAMINATION:

GENERAL: Lying in bed in no acute distress but just looks a bit uncomfortable.

VITAL SIGNS: His heart rate this morning is 73, blood pressure 122/89, sats 97%.

NECK: He has no thyromegaly. He has no jugular venous distention. No dependent edema.

CARDIOVASCULAR: No heaves. He does have an S4 gallop.

CHEST: Fair air entry bilaterally. No added sounds.

ABDOMEN: Overall flat, soft, nontender. Bowel sounds are normal.

EKG this morning is sinus rhythm at a rate of 73, normal PR, QRS and QT intervals, overall within normal limits. Admission EKG showed atrial fibrillation with heart rate of 113 beats/minute. There was some baseline artifact but there were no acute ST-T wave changes.

LABS: White count 8.5, hematocrit 44, platelets 275. D-dimer less than 0.2. Creatinine 1, BUN 12, sodium 138, potassium 4.1, chloride 106, bicarb 23 and troponin I at 0.05 and 0.04. Magnesium was 2.0.

ASSESSMENT:

1. A young man without any history of hypertension, diabetes or prior heart disease presents with an episode of A. fib which spontaneously converted to sinus rhythm.
2. Atypical chest pain. Ruled out for MI.

HISTORY AND PHYSICAL

103698

09/22/04 00:48:03 BMC Medical Records->

Page 002

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PATIENT: WORKS, TYRON ""

PATIENT #: 0426500699

PLAN: Will get a two-D echo and if it is normal then he should be able to go home and will schedule an outpatient MIBI stress test. Depending on the frequency of the episodes will decide on further treatment of his atrial fibrillation. He may just need occasional antiarrhythmic medication if he has an episodic short duration of A. fib.

TAMJEED ARSHAD, M.D.

TAJ / jcw
D: 09/22/2004
T: 09/22/2004

HISTORY AND PHYSICAL

3/00-1A Baptist Hospital 1/334) 286-2/93 Page 1 of 2

BAPTIST MEDICAL CENTER EAST400 Taylor Road
Montgomery, AL 36117
(334) 277-8330**111****SCANNED**

Name: WORKS, TYRON

MR#: E000252640

Sex: Male

DOB: 2/6/72

Account: E0426500699

Admit: 9/21/04

Room/Bed: 256-0

Admit Type: Inpatient

Discharge Date:

Age: 32 Years

SS Number: 419-08-7667

Admitting Physician: Finkbea, John L. MD

R a d i o l o g yProcedure Name:
CT Chest w/ contrastAccession Number:
CT-04-0011658Procedure Date / Time:
9/22/04 2:05:57 PMOrdering Physician:
Arellano, Diana, MD**Reason for exam:**

r/o pulm embolism

FINDINGS

WORKS, TYRON

CT SCAN OF THE CHEST:

Pulmonary arteriogram study.

The examination was performed utilizing dynamic contrast administration and examination was performed to specifically evaluate for the possibility of pulmonary thromboembolus.

The mediastinum is normal. I do not see abnormal mediastinal masses or significant lymphadenopathy. Heart size is normal in size. Within the lungs some scattered subsegmental atelectasis is noted in the posterior aspect of the right and left lower lobe but no focal masses, nodules, areas of consolidation, or significant effusions are seen. The right and left main pulmonary arteries and lobar branches are clearly well visualized. I do not see any filling defects to suggest the presence of underlying pulmonary thromboemboli. Segmental arteries are also fairly well visualized and no filling defects were evident. Some calcified right hilar and subcarinal lymph nodes are noted with a calcified granuloma seen in right middle lobe.

IMPRESSION:

MR#: E000252640

Printed: 9/22/04 3:02 PM

Name: WORKS, TYRON

Room/Bed: 256-0

Sex: Male

Page 1 of 2

Cumulative

Account: E0426500699

DOB: 2/6/72

10 3645

9/22/04 16:00:18 Baptist Hospital 1(334) 286-7793 Page 2 of 2

BAPTIST MEDICAL CENTER EAST

400 Tylor Road
Montgomery, AL 36117

112

Patient Name: WORKS, TYRON

Account: E0426500699

R a d i o l o g y

Procedure Name:

Accession Number:

Procedure Date & Time:

Ordering Physician:

CT Chest w/ contrast

CT-04-0011658

9/22/04 2:05:57 PM

Arellano, Diana, MD

NO EVIDENCE OF PULMONARY THROMBOEMBOLI.

ELECTRONICALLY SIGNED BY: Leung, Gary F, MD

TECHNOLOGIST: NJB

TRANSCRIBED DATE AND TIME: 09/22/2004 14:31

TRANSCRIPTIONIST: jlb

MR #: E000252640

Printed: 9/22/2004 3:02 PM

Name: WORKS, TYRON

Room/Bed: 256-0

Sex: Male

Page 2 of 2

Cumulative

Account: E0426500699

DOB: 2-6-72

40 B. Jones



0433400506 WORKS, TYRON



Baptist Health

I/P AND O/P

ADMISSIONS AND FACESHEET

113

FC 11 INT KL

PATIENT NO	0433400506	DATE	11/29/04	TIME	1320P	SEX	M	DOB/AGE	02/06/72 32Y	RA	2	MS	D	TYPE	EER	ER	STATION ROOM/ED	EER /	MED REC NO	252640
PATIENT	NAME & ADDRESS		WORKS, TYRON		SSN		419-08-7667		EMPLOYER		STATE OF ALABAMA		EMP PH#		(334)242-7226		OCC		EMP FULL TIME	
	435 LUENE CIR		MONTGOMERY AL 36109		PH#		(334)279-8671		4505 EXECUTIVE PARK		MONTGOMERY AL 36116		EMP STAT		EMP I.D.					
GUARANTOR	NAME & ADDRESS		WORKS, TYRON		DOB/AGE		02/06/72 32Y		EMPLOYER		STATE OF ALABAMA		EMP PH#		(334)242-7226		OCC		EMP FULL TIME	
	435 LUENE CIR		MONTGOMERY AL 36109		SSN		419-08-7667		4505 EXECUTIVE PARK		MONTGOMERY AL 36116		EMP STAT		EMP I.D.					
RELATIVE	NAME & ADDRESS		WORKS, FERMIE		DOB/AGE				EMPLOYER				EMP PH#				OCC		EMP FULL TIME	
	PO BOX 65		FITZPATRICK AL 36029		SSN		(334)738-3975						EMP STAT		EMP I.D.					
REL 2	NAME & ADDRESS				HM															
					PH#															
INS # 1	INSURANCE CARRIER		BLUE CROSS OF ALABAMA		INSURED NAME		WORKS, TYRON		REL. TO INSURED											
	SUBSCRIBER ID#		PPA419087667		GROUP NAME		STATE OF ALABAMA		GROUP NUMBER		13000		CONTACT		BIRMINGHAM		AL 35298			
INS # 2	INSURANCE CARRIER				INSURED NAME				REL. TO INSURED											
	SUBSCRIBER ID#				GROUP NAME				GROUP NUMBER				CONTACT							
INS # 3	INSURANCE CARRIER				INSURED NAME				REL. TO INSURED											
	SUBSCRIBER ID#				GROUP NAME				GROUP NUMBER				CONTACT							
DIAG CODE		DIAGNOSIS		ALLERGIES																
724.5-BACKACHE NOS																				
ACCIDENT TYPE		NATURE OF ACCIDENT		ACCIDENT DATE		TIME														
ARRIVAL MODE		REFERRING FACILITY		CHURCH/DENOMINATION		RN														
FAMILY DRIVEN																				
ADMITTING PHYSICIAN		PRIMARY CARE PHYSICIAN																		
911 MOOREHOUSE, JOHN D		UNDERWOOD, III JEFFERSON																		
ATTENDING PHYSICIAN		REFERRING PHYSICIAN																		
911 MOOREHOUSE, JOHN D																				
LOCATION		E/R PHYSICIAN																		
ADMISSION TYPE																				
EMERGENCY																				



FS 100

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DATE 11/21/2005

Last Printed: 11/29/2004 13:28:44

09/21/04

EE9

EIR

9/21/04 - 11/29/04

2-F

27



E0433400506 WORKS, TYRON
DOB: 02/06/72 Age: 32Y MR #: 252640
Admit Date/Time: 11/29/04 1320P
911 MOOREHOUSE, JOHN D

1 of 1 1 of 2

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08

Baptist Health
EMERGENCY PHYSICIAN RECORD
Low Back Pain / Injury (5)

DATE 11/29/04 TIME: 1330 ROOM: 1c EMS Arrival

HISTORIAN: ☒ patient ☐ spouse ☐ paramedics
HX / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: back pain / injury chronic back pain

started (occurred):

today

continues in ED
better
gone now
intermittent
worse

recent injury? ☒ no ☐ yes ☐ possibly

how (context)? ☒ lifting ☐ turning / bending ☐ fall / near-fall ☐ trauma

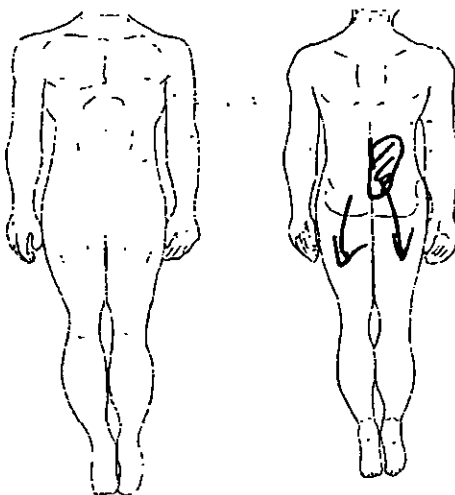
this am - 10-15 lbs

when? ☒ as above

where? ☒ home ☐ work ☐ school

other injuries? ☒ neck ☐ head ☐ other

Location & radiation of pain:



pain

paresthesias

paresis

quality and severity of pain:

burning ☒ sharp / acute
dull / radiating

similar to prior back pain(s)

mild ☒ moderate ☐ severe

neurologic symptoms:

☐ bowel dysfunction
☐ bladder dysfunction
☐ radiation to leg
☐ sensory-motor loss

Modifying Factors:

exacerbated by:

supine / upright position
movement (to right / to left / flexion)
cough / deep breaths / nothing

relieved by:

supine / upright position
remaining still
nothing

☒ Similar symptoms previously

Recently seen / treated by doctor

PAST HX negative

☒ prior back injury

☒ prior back pain

☒ episode(s) chronic

☒ intervertebral disc disease

sciatica

arthritis

compression fracture(s)

other problems

peptic ulcer disease

documented? yes no

aortic aneurysm

kidney stone

urinary tract infection

prostatitis

diabetes insulin / oral / diet

heart disease

AST

Surgeries / Procedures

☒ none / ☐ noncontributory

back surgery

laminectomy fusion discectomy

Knee Surgery

cholecystectomy

appendectomy

cardiac bypass

other

Medications none ☒ see nurses note

ASA NSAID acetaminophen

Allergies NKDA

see nurses note

SOCIAL HX ☒ smoker

☒ alcohol (recent / heavy) ☒ occasional

drugs

FAMILY HX CVA

ROS

HX / EXAM UNOBTAINABLE 2° TO:

GU

trouble w/ urination

frequent urination

blood in urine

OTHER

fever

subjective / to °F

chills

NEURO / PSYCH

headache

depression

EYES / ENT / PULMONARY / CVS

blurred vision

sore throat

cough

trouble breathing

chest pain

GI

abdominal pain

nausea

vomiting

diarrhea

black / bloody stool

SKIN

skin rash

all systems neg except as marked

Women LNMP

vaginal bleeding

normal period / abnormal

vaginal discharge

missed / abnormal period(s)

PRINTED BY: mmcgraw

DATE

D Edwards RN / PA / NP MD
172 HUS PCRN RN / PA / NP sign after recording history; physician initial
after reviewing with patient and confirming or revising all elements.

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed ☐ Tetanus immun. UTD

PHYSICAL EXAM

Alert ☒ Lethargic ☐
 Distress ☒ NAD ☒ mild/moderate/severe
 Other: ☒ c-collar (P/A/In-ED) ☐ back-board ☐ IV

EYES

☒ nml inspection ☐ scleral icterus / pale conjunctivae

ENT

☒ pharynx nml ☐ pharyngeal erythema

NECK

☒ nml inspection ☐ thyromegaly
☒ non-tender ☐ lymphadenopathy
☒ painless ROM ☐ limited ROM

RESPIRATORY

☒ no resp. distress ☐ see diagram
☒ breath sounds nml ☐ wheezing
☐ rales / rhonchi

CVS

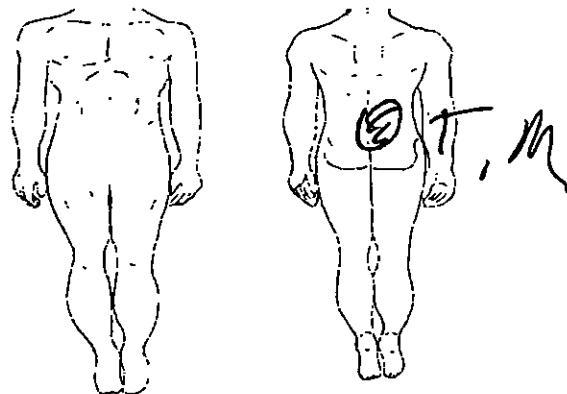
☒ reg. rate & rhythm ☐ tachycardia / bradycardia
☒ heart sounds nml ☐ pulse deficit

GASTROINTESTINAL

☒ non-tender ☐ see diagram
☒ no organomegaly ☐ hepatomegaly / splenomegaly
☒ pulsatile mass ☐ mass / prominent aortic pulsation
☐ femoral pulse deficit

BACK

☒ non-tender ☐ see diagram
☒ nml inspection ☐ decreased ROM
☒ painless ROM ☐ muscle spasm
☐ CVA tenderness
☐ vertebral point-tenderness



T=Tenderness PtT=Point Tenderness S=Swelling E=Ecchymosis
 B=Burn Lac=Laceration A=Abrasion M=Muscle spasm
 (D=without m=mild md=moderate sv=severe)
 Example: Tsv=Tenderness on palpation (severe)

STRAIGHT RIGHT- ☒ negative ☒ pain at 20 degrees
 LEG RAISING LEFT- ☒ negative ☒ pain at 20 degrees

NEURO / PSYCH

☒ oriented x3 ☐ disorientation / CN deficit
☒ mood / affect nml ☐ sensory / motor deficit

☒ no apparent motor
☒ or sensory deficit

☒ dorsiflexion of great
☒ toes normal bilaterally

☒ reflexes nml

SKIN

☒ color nml, no rash
☒ warm/dry

EXTREMITIES

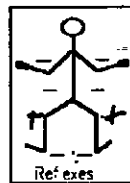
☒ non-tender, full ROM
☒ no pedal edema

☐ pedal edema

☐ calf tenderness

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Low Back Pain - 08



Ref. exes



Pulses

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LABS, XRAYS and PROGRESS

CBC	Chemistries	CO2	UA
normal except	normal except	Ca	normal except
WBC	BUN	Billirubin	WBC
Hgb	Creat	Magnesium	RBC's
Hct	Gluc	BNP	bacteria
Platelets	Alk Phos	D-Dimer	
segs	Cl		
bands	ALT		
lymphs	AST	urine preg	
monos	Na	POS / NEG	
eos	K		

XRAYS

☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist

D-Spine LS-Spine

☒ nml / NAD ☐ reversal / straightening of cerv. lordosis
☒ no fracture ☐ DJD / spondylosis / spurring
☒ nml alignment
☒ soft tissues nml

Other ☐ See separate report

CT

Re-evaluation time 1430 unchanged improved re-examined

Re-evaluation time unchanged improved re-examined

Re-evaluation time unchanged improved re-examined

TREATMENT:**MEDICAL DECISION:**

Fracture Care: Follow up with orthopedic within 48 hours

Rx given

Follow up with

Discussed with Dr. ☐ CRIT CARE- 30-74 min
 will see patient in: office / ED / hospital 75-104 min min
☒ Counseled patient / family regarding ☐ Prior records ordered
 lab results diagnosis need for follow-up
☒ Admit orders written ☐ Additional history from:
☐ family caretaker paramedics

CLINICAL IMPRESSION:

Acute Myofascial Strain ☒ Fall ☒ Alleged Assault
 dorsal lumbar sacral ☐ ruptured enlarging
 Low Back Pain acute chronic ☐ Acute Sciatica L / R
 Contusion - lumbar dorsal ☒ Acute Herniated Disc at
 Spondylolysis Spondylosis ☐ Degenerative Disc Dz
 Spondylolisthesis (at) ☐ Urinary Tract Infection
 injury

DISPOSITION:

☐ home ☐ admitted ☐ transferred

CONDITION:

☐ unchanged ☐ improved ☐ stable

x Resident MD / DO x MD / DO

☐ I/x review. Patient interviewed. Medical Decision Making. and Examined by Physician.

DATE 1/21/2005

Page 1 of 1

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Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH GRANBERRY BACKGROUND
Name/Strength	Number	Schedule / Duration	No Refills
1. Locepr 10 # 20	1596	pr	<input type="checkbox"/>
2. Valium 10 mg	1596	pr	<input type="checkbox"/>
3. Valium 10 mg	1596	pr	<input type="checkbox"/>
4. Valium 10 mg	1596	pr	<input type="checkbox"/>
5. Valium 10 mg	1596	pr	<input type="checkbox"/>

Return for signs of infection

- > Redness
- > Swelling
- > Drainage
- > Heat

Additional Instructions:

Referred to:

☐ Dr. _____
Phone: _____

☐ Call on next business day for follow-up appointment
in _____ days / weeks ☐ next available

☐ Return to Emergency Dept. in _____ hours / days for recheck

☒ If no improvement (or your condition worsens, call your private physician
or return to the Emergency Department for a recheck.

☐ Learning needs assessed ☐ Instructions Modified: _____

☒ Education provided on new medication

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

☐ Patient
☐ Relative
☐ Other

Time Released > 1430 Hrs

Physician:

WORK/ SCHOOL STATEMENT from the Emergency Department

Patient Name

Date _____

- ☐ Patient was seen by Dr. _____
☐ No athletics / physical education: _____ days*
☐ May return to work / school without restrictions
☐ Will require time off work / school. Estimated time: _____ days*
☐ Must be reevaluated by family / occupational physician before returning to school/work
- ☐ May return to restricted duties for _____ days*
 Restrictions: _____
☒ _____ was here with relative/ child.
☐ Other: _____
- PREPARED BY: mmcgraw DATE 1/21/2005

Time off from School or Work longer than 3 days should be approved by a Personal or Company/ Occupational Medicine Physician, unless otherwise stated.

BSB-0082 (06/02)



0426900121 WORKS, TYRON



Baptist Health

I/P AND O/P

ADMISSIONS AND FACESHEET

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PATIENT NO 0426900121		DATE 09/25/04	TIME 1134A	SEX M	DOB/AGE 02/06/72 32Y	RA 2	MS 0	TYPE EER	GER ER	STATION ROOM/BED EER /	FC 11	INIT DKB
RELATIVE REL 1 REL 2 REL 3	NAME & ADDRESS WORKS, TYRON 435 LUENE CIR MONTGOMERY AL 36109		SSN 419-08-7667 (334)279-8671 COUNTY MONTGOMERY		EMPLOYER STATE OF ALABAMA 4505 EXECUTIVE PARK MONTGOMERY AL 36116		EMP PH# (334)242-7226 OCC EMP STAT EMP ID EMP FULL TIME					
	NAME & ADDRESS WORKS, TYRON 435 LUENE CIR MONTGOMERY AL 36109		DOB AGE 02/06/72 32Y SSN 419-08-7667 (334)279-8671 PH# SELF REL		EMPLOYER STATE OF ALABAMA 4505 EXECUTIVE PARK MONTGOMERY AL 36116		EMP PH# (334)242-7226 OCC EMP STAT EMP ID EMP FULL TIME					
	NAME & ADDRESS WORKS, FERMIE PO BOX 65 FITZPATRICK AL 36029		DOB AGE (334)738-3975 SSN MOTHER PH# REL		EMPLOYER		EMP PH# OCC EMP STAT EMP ID					
	NAME & ADDRESS		HM PH# WK									
INS # 1 INS # 2 INS # 3	INSURANCE CARRIER BLUE CROSS OF ALABAMA				INSURED NAME WORKS, TYRON				REL. TO INSURED			
	SUBSCRIBER ID# PPA419087667				GROUP NAME STATE OF ALABAMA				GROUP NUMBER 13000			
	GROUP PHONE# (800)760-6852				APPROVAL#				CONTACT			
	CONTACT ADDRESS 450 RIVERCHASE PKWY				CITY/STATE/ZIP BIRMINGHAM AL 35298							
INSURANCE CARRIER				INSURED NAME				REL. TO INSURED				
SUBSCRIBER ID#				GROUP NAME				GROUP NUMBER				
GROUP PHONE#				APPROVAL#				CONTACT				
CONTACT ADDRESS				CITY/STATE/ZIP								
INSURANCE CARRIER				INSURED NAME				REL. TO INSURED				
SUBSCRIBER ID#				GROUP NAME				GROUP NUMBER				
GROUP PHONE#				APPROVAL#				CONTACT				
CONTACT ADDRESS				CITY/STATE/ZIP								
DIAG CODE DIAGNOSIS 729.5-PAIN IN LIMB				ALLERGIES				P		PT. CL.		
ACCIDENT TYPE		NATURE OF ACCIDENT		ACCIDENT DATE		TIME						
ARRIVAL MODE FAMILY DRIVEN		REFERRING FACILITY		CHURCH/DENOMINATION RNL								
ADMITTING PHYSICIAN 845 BECKMAN, VICTORIA		PRIMARY CARE PHYSICIAN UNDERWOOD, III JEFFERSON										
ATTENDING PHYSICIAN 845 BECKMAN, VICTORIA		REFERRING PHYSICIAN										
LOCATION		E/R PHYSICIAN BECKMAN, VICTORIA										
ADMISSION TYPE EMERGENCY												



FS 100

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DATE 1/21/2005

Last Printed: 09/25/2004 11:34:42

09/21/04

EE8



EO426900121 WORKS, TYRON
DOB: 02/06/72 Age: 32Y MR #: 252640
Admit Date/Time: 09/25/04 1134A
845 BECKMAN, VICTORIA

1 of 1 1 of 2

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Baptist Health

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EMERGENCY PHYSICIAN RECORD

Upper Extremity Problem (S)

DATE: TIME: ROOM: EMS Arrival

HISTORIAN: patient spouse paramedics

HX / EXAM UNOBTAINABLE 2° TO:

HPI chief complaint: Pain Weakness Altered Sensation

R/L SHOULDER ARM ELBOW FOREARM WRIST HAND

started: yesterday

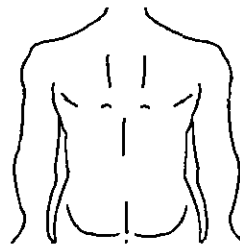
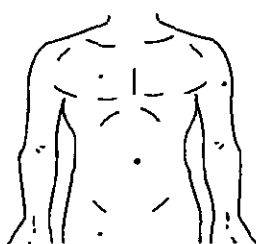
Recently Dis'ed from hospital

time course:

still present better
gone now
lasted

constant
sudden-onset
intermittent episodes lasting
worse / persistent since

location: P = Pain S = Swelling T = Tenderness



severity:

mild
moderate
severe

exacerbated by:

movement
exertion
nothing

relieved by:

rest
nothing

recent injury? no yes possibly

When? as above

How (context)? Recent IV in wrist during hospitalization started on Friday

Where? home work

Similar symptoms previously

Recently seen / treated by doctor

PRINTED BY: mmcgraw

DATE:

PAST HX negative

cervical disc disease
carpal tunnel syndrome
diabetes insulin / oral / diet

high cholesterol

heart disease

MI angina ASCVD

peptic ulcer disease

HTN

other problems

Surgeries / Procedures

none noncontributory
neck surgery
cholecystectomy
appendectomy

tonsillectomy

c-section

hysterectomy

cardiac bypass

TURP

Medications none

ASA NSAID acetaminophen
BCP's

see nurses note

Allergies NKDA

see nurses note

SOCIAL HX

smoker
alcohol (recent / heavy / occasional)
repetitive hand use at work

drugs

FAMILY HX

ROS

HX / EXAM UNOBTAINABLE 2° TO:

NEURO

headache
neck pain

EYES / ENT

trouble with vision
sore throat

CVS / PULMONARY

chest pain
cough
trouble breathing

GI / GU

abdominal pain
vomiting
diarrhea
black / bloody stools
dysuria

CONST. / SKIN / LYMPH

fever
subjective / to °F
skin rash
lumps or swelling

all systems neg. except as marked

HISTORY: RN/PA/MP sign after recording history; physician initial after reviewing with patient and confirming or revising all elements

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed

PHYSICAL EXAM

Distress: NAD mild moderate severe

UPPER EXTREM.

see diagram (on front)
☒ nml inspection tenderness
☒ non-tender swelling
☒ no edema limited ROM
☒ nml ROM active + passive functional due to pain
 axillary lymphadenopathy
 pos Finkelstein test
 Minimal Swelling
 Excellent radial pulse Scar on post (radial)
Wrist let

SKIN

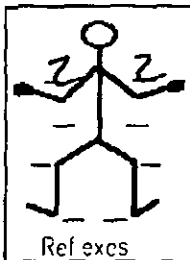
color nml, no rash
 warm, dry
 cyanosis / diaphoresis / pallor
 skin rash
 warmth / erythema
 lymphangitis

VASCULAR

no vascular compromise
 abnml capillary refill
 pulse deficit brachial radial ulnar

NEURO/PSYCH

peripheral exam
 motor intact
 altered sensation
 median n. ulnar n. radial n.
 pos. Tinel's sign pos. Phalen's sign
 motor deficit



central exam
 oriented x3
 mood / affect nml
 CN's nml as tested
 disoriented to: person / place / time
 depressed affect
 facial droop / EOM palsy / anisocoria

EYES

inspection
 scleral icterus / pale conjunctivae

ENT

inspection
 ENT nml inspection
 pharynx nml
 pharyngeal erythema
 abnml TM / hearing deficit

NECK / BACK

inspection
 thyromegaly
 cervical lymphadenopathy
 neck tenderness

RESPIRATORY

no resp. distress
 breath sounds normal
 splinting
 manifests distinct pain on movement of (R / L) arm of trunk
 rales
 rhonchi / wheezing

DVS

reg. rate / rhythm
 heart sounds nml
 heart murmur
 tachycardia / bradycardia

GASTROINTESTINAL

non-tender
 no organomegaly
 nml bowel sounds
 tenderness
 guarding / rebound
 hepatomegaly / splenomegaly / mass

LABS, EKG, XRAYs and PROGRESS

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CBC	Chemistries	CO2	UA
normal except	normal except	Ca	normal except
WBC	BUN	Bilirubin	WBC
Hgb	Creat		RBC's
Hct	Gluc	Magnesium	bacteria
Platelets	Alk Phos	BNP	dip:
segs	Cl	D-Dimer	
bands	ALT	ESR	
lymphs	AST		
monos	Na		
eos	K		

EKG MONITOR-STRIP NSR Rate _____
 normal abnormal

EKG NML ☐ Interp. by me ☐ Reviewed by me Rate _____
NSR nml intervals nml axis nml QRS nml ST/T

not / changed from:

X-RAYS ☐ Interp. by me ☐ Reviewed by me ☐ Discsd w/ radiologist
 nml / NAD no fracture nml alignment no foreign body
 study: interp:

Re-evaluation time _____ unchanged improved re-examined

Re-evaluation time _____ unchanged improved re-examined

Re-evaluation time _____ unchanged improved re-examined

Probable origin IV site - Pt advised
to return to ER if worsening occurs
Despite treatment. Verbalized understanding.
Ofc

TREATMENT:

analgesic PO IM IV
 sedation PO IM IV

MEDICAL DECISION:

Rx given

Follow up with ER/Dr Underwood

Discussed with Dr. _____ CRIT CARE- 30-74 min
 will see patient in: office / ED / hospital 75-104 min min
☒ Counseled patient / family regarding: Prior records ordered
 lab results diagnosis need for follow-up Additional history from:
 Admit orders written family caretaker paramedics

CLINICAL IMPRESSION:

Pain Wrist Angina pectoris
 Bursitis Cervical Radiculopathy
 Tenosynovitis Cellulitis
 Myofascial strain Carpal Tunnel Syndrome

DISPOSITION- ☒ home ☐ admitted ☐ transferred
 CONDITION- ☐ unchanged ☐ improved ☒ stable

MD / DO fb MD / DO
 Resident Attending

☐ Hx review, Patient interviewed, Medical Decision Making, and Examined by Physician

DATE 1/21/2005



E0426900121 WORKS, TYRON
DOB: 02/06/72 Age: 32Y MR #: 252640
Admit Date/Time: 09/25/04 1134A
845 BECKMAN, VICTORIA



**Baptist Health
Emergency Room
Discharge Instructions**

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Page 1 of 1

DISCHARGE INSTRUCTIONS - PATIENT COPY

Weight	Phone	Allergies	Location South
MEDICINES PRESCRIBED		If non, check this box: <input type="checkbox"/>	VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND
Name/Strength	Number	Schedule / Duration	No Refills
1. <i>Metricin 400 mg po q 12 hrs x 10</i>			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>

INSTRUCTION SHEET(S) GIVEN

- ☐ Asthma
☐ Back Pain
☐ Cast / Splint Care

- ☐ Crutches
☐ Fever
☐ Fracture

- ☐ Head Injury
☐ Otitis Media
☐ Sprains / Bruises
☐ STD

- ☐ Threatened Ab
☐ Vomiting / Diarrhea
☐ Wound Care
☐ Other(s) _____

- Return for signs of infection
> Redness
> Swelling
> Drainage
> Heat

Additional Instructions:

*Continue to take
medication*

1) Elevate @ hand 2) warm compresses 3) follow up in ER if increased swelling occurs

Referred to:

- ☐ Dr. _____
Phone: _____
☐ Call on next business day for follow-up appointment
in _____ days / weeks ☐ next available

- ☐ Return to Emergency Dept. in _____ hours / days for recheck
☐ If no improvement or your condition worsens, call your private physician
or return to the Emergency Department for a recheck.
☐ Learning needs assessed ☐ Instructions Modified: _____
☐ Education provided on new medication _____

I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I may have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate a need for modification in therapy, you will be notified at the phone number you provided.

- ☒ Patient
☐ Relative
☐ Other _____

Time Released > 1232 Hrs.

Instructed By:

Paul, RW

Physician:

U. Beckman MD

WORK / SCHOOL STATEMENT from the Emergency Department

Patient Name

Date

- ☐ Patient was seen by Dr. _____
☐ No athletics / physical education: _____ days*
☐ May return to work / school without restrictions
☐ Will require time off work / school. Estimated time: _____ days* ☐ _____ was here with relative / child.
☐ Must be reevaluated by family / occupational physician before returning to school / work. ☐ Other: _____

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DATE 1/21/2005

Time off from School or Work longer than 3 days should be approved by a Personal or Company/ Occupational Medicine Physician, unless otherwise stated.

BSB-0082 (06/02)

11 09/21/04
 0426500699 09/21/04 2238P M 02/06/72 32Y 2 D I EIP MEDMDE 255/0 252640

WORKS, TYRON 419-08-7667 STATE OF ALABAMA (334)242-7226
 435 LUENE CIR (334)279-8671 4505 EXECUTIVE PARK
 MONTGOMERY MONTGOMERY AL 36116 EMP FULL TIME

WORKS, TYRON 02/06/72 32Y STATE OF ALABAMA (334)242-7226
 435 LUENE CIR 419-08-7667 4505 EXECUTIVE PARK
 MONTGOMERY AL 36109 (334)279-8671 EMP FULL TIME
 SELF MONTGOMERY AL 36116

WORKS, FERMIE
 PO BOX 65
 FITIZPATRICK AL 36029 (334)738-3975
 MOTHER

BLUE CROSS OF ALABAMA WORKS, TYRON 1
 PPA419087667 STATE OF ALABAMA 13000
 (800)760-6852
 450 RIVERCHASE PKWY BIRMINGHAM AL 35298

786.50-CHEST PAIN NOS U

FAMILY DRIVEN RNL
 531 FINKLEA, JOHN L 531 FINKLEA, JOHN L
 11 09/21/04

EMERGENCY 7

ED; INP

EE9 09/21/04 YES
 NO, PCP

FALERO, WALLACE G
 DATE 1/21/2005

PRINTED BY: mmcgraw

HISTPHYS
BAPTIST HEALTH
0486

WORKS, TYRON ""

E0426500699

E000252640

124

PATIENT VERIFICATION DATA:
WORKS, TYRON ""- 0426500699

HISTORY OF PRESENT ILLNESS: The patient is a 32-year-old African-American male who presented with complaints of chest tightness and pounding in his chest. He has no prior history of any heart disease, no history of hypertension or diabetes. He started having symptoms yesterday when he woke up. He felt like somebody was sitting on his chest and also had a pounding as if his heart was about to jump out of his chest. It lasted the whole day until he came to the ER. He was noted to be in atrial fibrillation with a rapid ventricular response, was started on Cardizem and he converted to sinus rhythm earlier today. He still has some persistent chest tightness which gets worse when he takes in a deep breath. His troponin level has been normal. His EKG this morning is sinus rhythm without any evidence of acute ST-T wave changes. He had a similar episode in 2000 while stationed in Germany and after extensive workup he was started on Zantac for presumptive diagnosis of gastroesophageal reflux disease. He did have a stress test at that time. According to him it was normal.

PAST MEDICAL HISTORY: As above.

ALLERGIES TO MEDICATIONS: None.

HOME MEDICATIONS: Zantac p.r.n. basis and Lortab p.r.n. basis.

SOCIAL HISTORY: He works for the State. He is a computer programmer. He does not smoke. He drinks socially. Caffeine intake - 4-5 cups of coffee a week and about the same number of sodas a week.

REVIEW OF SYSTEMS: No history of seizures, stroke. No history of kidney or liver problems. No history of recent vomiting, diarrhea, fever or chills. No history of bleeding diathesis.

FAMILY HISTORY: No history of early coronary disease.

PHYSICAL EXAMINATION:

GENERAL: Lying in bed in no acute distress but just looks a bit uncomfortable.

VITAL SIGNS: His heart rate this morning is 73, blood pressure 122/69, sats 97%.

NECK: He has no thyromegaly. He has no jugular venous distention. No dependent edema.

CARDIOVASCULAR: No heaves. He does have an S4 gallop.

CHEST: Fair air entry bilaterally. No added sounds.

ABDOMEN: Overall flat, soft, nontender. Bowel sounds are normal.

EKG this morning is sinus rhythm at a rate of 73, normal PR, QRS and QT intervals, overall within normal limits. Admission EKG showed atrial fibrillation with heart rate of 113 beats/minute. There was

(CONTINUED)

PRINTED BY: mmcgraw

DATE 1/21/2005

some baseline artifact but there were no acute ST-T wave changes.

LABS: White count 6.5, hematocrit 44, platelets 275. D-dimer less than 0.2. Creatinine 1, BUN 12, sodium 138, potassium 4.1, chloride 106, bicarb 23 and troponin flat 0.05 and 0.04. Magnesium was 2.0. 125

ASSESSMENT:

1. A young man without any history of hypertension, diabetes or prior heart disease presents with an episode of A. fib which spontaneously converted to sinus rhythm.
2. Atypical chest pain. Ruled out for MI.

PLAN: Will get a two-D echo and if it is normal then he should be able to go home and will schedule an outpatient MIBI stress test. Depending on the frequency of the episodes will decide on further treatment of his atrial fibrillation. He may just need occasional antiarrhythmic medication if he has an episodic short duration of A. fib.

TAMJEED ARSHAD, M.D.

TA/ / jcw

D: 09/22/2004

T: 09/22/2004

D: 09/22/2004

T: 09/22/2004

jw

Authenticated by TAMJEED ARSHAD, MD On 9/24/04 11:53:17 AM



ER RECORD - Adult / Adolescent

Regular M.D.: Underwood Notified: _____
 Immunization Hx: Tetanus ☐ UTD ☐ not UTD
 Allergies: Syphilis Vac. *in vac*

LMP: N/A Pregnant? ☐ Yes ☐ No ☐ Unsure

Home Meds: Zapata
Portab - 1 back

AGE SPECIFIC CARE

13-18 yrs (Adolescent)
 (Menarche started? ☐ Yes ☐ No Age at onset? _____ Regular ☐ Yes ☐ No)
 >65 yrs (Older Adult)
 Assisting Devices: ☐ None ☐ Yes (list): _____
 Living arrangements: ☐ Lives alone ☐ Family/Significant Others
☐ Extended Care Facility

PLAN OF CARE

Problems	Intervention
<input type="checkbox"/> Anxiety/Fear	<input type="checkbox"/> Anti-Psychotic
<input type="checkbox"/> Body Temp. Alt. In	<input type="checkbox"/> Bleeding Control
<input type="checkbox"/> Comm. Alt. In	<input type="checkbox"/> DSG/Wound Care
<input type="checkbox"/> Coping Alt. In	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Elimination Alt. In	<input type="checkbox"/> Ice/Elevate
<input type="checkbox"/> Fluid Vol., Def/Ex	<input type="checkbox"/> I & O
<input type="checkbox"/> Infection Potential	<input type="checkbox"/> Other
<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Abuse Potential (refer to Social Services)	
<input type="checkbox"/> Pain	
<input type="checkbox"/> Language	

Time To: 1835 Rm # 5



E0426500699 WORKS, TYRON
 DOB: 02/06/72 Age: 32Y MR #: 252640
 Admit Date/Time: 09/21/04 1808P
 915 FALERO, WALLACE G

123

Patient Label

TRIAGE CATEGORY

1) RED - Immediate 2) YELLOW - Urgent 3) GREEN - 0 Non-Urgent

Vital Signs

BP: 110/70P: 70R: 20T: 97.9SPO₂: 98

CHIEF COMPLAINT AND HISTORY

CP - feels hot - SOB
mid stern - raised up
pain = deep breaths
no asthma

Analgesia Scale IVAS 0-10 #10 /10 0 (no pain) 10 (worst)

GENERAL APPEARANCE & MENTAL STATUS

General	Skin Temp	Respiration	Pulse	Mental Status
<input type="checkbox"/> HAD	<input type="checkbox"/> Warm	<input type="checkbox"/> Unlabored	<input type="checkbox"/> Regular	<input type="checkbox"/> Alert
<input type="checkbox"/> Mild Distress	<input type="checkbox"/> Hot	<input type="checkbox"/> Clear Bilat.	<input type="checkbox"/> Irregular	<input type="checkbox"/> Oriented
<input type="checkbox"/> Acute Distress	<input type="checkbox"/> Cool	<input type="checkbox"/> Shallow	<input type="checkbox"/> Bounding	<input type="checkbox"/> Age Appropriate
	<input type="checkbox"/> Cold	<input type="checkbox"/> Labored	<input type="checkbox"/> Weak	<input type="checkbox"/> Anxious
Skin Color	Skin Moisture	<input type="checkbox"/> Wheezes	<input type="checkbox"/> Absent	<input type="checkbox"/> Combative
<input type="checkbox"/> Pink	<input type="checkbox"/> Dry	<input type="checkbox"/> Crackles	<input type="checkbox"/> Neuro Status	<input type="checkbox"/> Unresponsive
<input type="checkbox"/> Flushed	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Apneic	<input type="checkbox"/> Normal	<input type="checkbox"/> Tearful
<input type="checkbox"/> Pale	<input type="checkbox"/> Gait	<input type="checkbox"/> Retraction	<input type="checkbox"/> Slurred Speech	<input type="checkbox"/> Confused
<input type="checkbox"/> Ashen	<input type="checkbox"/> Steady	<input type="checkbox"/> Nasal Flaring	<input type="checkbox"/> Weakness L/R	<input type="checkbox"/> Agitated
<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Unsteady	<input type="checkbox"/> Stridor		<input type="checkbox"/> Disoriented
<input type="checkbox"/> Jaundiced	Visual Acuity: O.S.: _____ O.D.: _____ O.U.: _____			

☐ Social Services ☐ PT
☐ Animal Control ☐ Dietitian
☐ DHR Referral ☐ Coroner
☐ Police Notified

Weight: 205 (stated) measured

Triage Date: 9-21-04 Time: 1830

Nurse Signature: SWallen

VITAL SIGNS

Time	1927	2110
B.P.	<u>110/70</u>	<u>110/60</u>
Temp.		
Pulse	<u>70</u>	<u>76</u>
Resp.	<u>20</u>	<u>19</u>
O ₂ Sat.	<u>99</u>	<u>97</u>

LAB

☐ CBC ☐ Maj Trauma
☐ Cardiac ☐ Min Trauma
☐ Urinalysis ☐ EKG ☐ ETOH
☐ Liver Profile ☐ ABG ☐ UCG
☐ Amylase ☐ I-Stat ☐
☐ Chem Profile 7 ☐ Lipase
☐ Chem Profile 12 ☐ PT/PTT

X-RAY

☐ Chest ☐ Abd
☐ Portable ☐
☐ Ct _____ c/s

DISCHARGE

Date _____ Time _____

D. C. RN

DISPOSITION

☐ Home ☐ Walk
☐ Admit ☐ Carried
☐ Surgery ☐ WC
☐ Transfer ☐ Stretcher
☐ EXP ☐ Ambulance
☐ AMA ☐ ACCOM. BY
☐ LWT ☐ Self
☐ SNF ☐ Fam/Friend
☐ Other ☐ Police
☐ M.D. Office ☐ Other

EXIT VIA

ORDERS
 PHYSICIAN'S ASSESSMENT
 NURSE'S NOTES

1905 EKG Done PT 60 Feels weak chest feels same as =
 ATR Fib. #20 12/20/03 @ 10:00 AM
 For Lab. 1925. Administered med as ordered
 1929. Started Cardizem at 10mg/HR, Plappan 2110. S/O of
 Chest pressure. Dr. Austin informed. Order for MVD received
 Meds given. Rpt. 2200. Status: I feel better. Administered Lorazepam
 1mg SC. Rpt. 2240. Report to Gayle RN. Plappan

not wants to stay here

NSS 6000 Bolas, the 250cc/hr

Medications Dose Route Time Site Nurse Certified Medical Emergency ☒ YES ☐ NO

Aspirin 100mg PO 1925 Plappan

Aspirin 100mg PO 1927 Plappan

Cardizem 10mg IV Bolus 1929 Plappan

10mg/hr drip >1929 Plappan

MVD 60cc 2120 Plappan

Lorazepam 1mg SC 2240 Plappan

Condition On Discharge DATE 1/21/2008 Physician Signature

Swaine CHAM Sahu Schuman
 © 2040



EO426500699 WORKS, TYRON
DOB: 02/06/72 Age: 32Y MR #: 252640
Admit Date/Time: 09/21/04 1808P
915 FALERO, WALLACE G

127 of 1 of 2

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Baptist Health

EMERGENCY PHYSICIAN RECORD

Chest Pain (5)

DATE: 9-21-04 TIME: 1830 ROOM: _____ EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM UNOBTAINABLE 2° TO: _____

HPI

chief complaint: chest pain / discomfort

substernal - feels hot - SOB
sharp & deep breaths
started: _____

32 yrs. old male experienced sharp / burning
left jaw to left substernal & peripheral area
since this am

time course:

still present better
gone now
lasted _____

resolved on arrival in ED

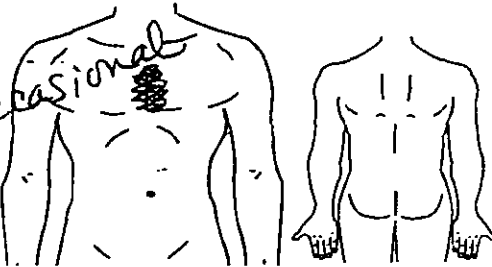
constant waxing & waning
intermittent episodes lasting _____

worse / persistent since

quality:

pressure
tightness
indigestion
burning
dull
aching
sharp
stabbing
"pain"
"numbness"
"like prior MI"

Location of pain:



radiation: none diagrammed above

associated symptoms:

nausea shortness of breath
vomiting sweating

worsened by:

change in position
deep breaths / turning
exertion
sleeping

relieved by:

sitting up
rest
antacids
nothing

NTG 1 2 3

patient's own supply
given by paramedics
relief: none / partial /
complete / transient
Oxygen NRB L

onset during:

sleep rest light activity
mod. / heavy exertion
emotional upset
cannot recall

severity:

maximum: (1-10)
mild moderate severe

#10

when seen in ED: (1-10)

gone almost gone mild moderate severe
residual discomfort in arm (R/L)

Similar symptoms previously

2000 in Germany

Recently seen / treated by doctor

PAST HX

negative * = MI risk factors
*diabetes insulin / oral / diet
*high cholesterol
heart disease
heart attack (MI)
angina / heart failure

DVT / PE / risk factors

GERD
other problems

emphysema
collapsed lung
stroke
peptic ulcer
documented? yes no
gal stones
*HTN
Thyroid Disease

Surgeries / Procedures

none non-contributory
cardiac bypass
cardiac cath
angioplasty
thrombolytics
pacemaker

tonsillectomy
cholecystectomy
appendectomy
hysterectomy
defibrillator

Medications

none ASA NSAID
acetaminophen BCP's
see nurses note

Allergies

NKDA
see nurses note

SOCIAL HX

*smoker
alcohol (recent / heavy / occasional)

*drugs

FAMILY HX

CAD (<55yo / >55yo) sudden death
stroke diabetes

ROS

HX / EXAM UNOBTAINABLE 2° TO:

CHEST / CONST..

fever
chills
cough
sputum
ankle swelling
cal / leg pain

NEURO

headache
blackouts

EYES / ENT

blurred vision
sore throat

GI / GU

abdominal pain
black / bloody stools
problems urinating

SKIN / LYMPH / MS

skin rash / swelling
joint pain

all systems neg. except as marked

FEMALE REPRODUCTIVE

LNMP N/A
vaginal discharge
abnormal bleeding

see nurses note
see nurses note

PRINTED BY: numclaw DATE: 9/21/04 RN / PA / NP WJ MD

HISTORY RN / PA / NP sign after recording history, physician initial
after reviewing with patient and confirming or revising all elements.

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Nursing Assessment Reviewed ☒ Vitals Reviewed ☒**PHYSICAL EXAM**Alert ☒ Anxious ☐ IV ☐
Distress ☐ NAD ☐ mild ☒ moderate ☐ severe**EYES**☒ nml inspection**ENT**☒ ENT nml inspection☒ pharynx nml**NECK**☒ nml inspection**RESPIRATORY**☒ no resp. distress☒ chest non-tender☒ nml breath sounds**CVS**☒ regular rate, rhythm☒ no murmur☒ no gallop☒ no friction rub

T = tenderness
G = guarding
R = rebound
m = mild
mod = moderate
sv = severe
(e.g., Tsv = severe tenderness)

GASTROINTESTINAL☒ non-tender☒ no organomegaly**RECTAL**☒ non-tender☒ heme neg stool**SKIN**☒ color nml, no rash☒ warm, dry**EXTREMITIES**☒ non-tender☒ normal ROM☒ no pedal edema☒ no calf tenderness**NEURO / PSYCH**☒ oriented x3☒ mood / affect nml☒ CN's nml as tested☒ no motor / sensory deficit

Chest Pain - 33

scleral icterus / pale conjunctivae

pharyngeal erythema

abnml / hearing deficit

thyromegaly

lymphadenopathy (R/L)

see diagram

respiratory distress

manifests distinct pain on movement

of (R/L) arm of trunk

splinting / decr air mvmt

rales

rhonchi / wheezing

irregularly irregular rhythm

extrasystoles (occasional / frequent)

tachycardia / bradycardia

PPI displaced laterally

JVD present

murmur grade /6 sys / dias

cresc / cresc-decresc / decresc

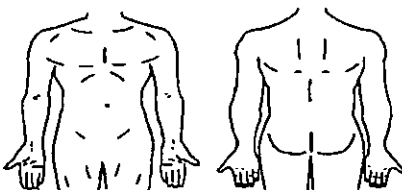
gallop (S3 / S4)

friction rub

decreased pulse(s)

R carotd fem dors ped

L carotd fem dors ped



tenderness

guarding

rebound

abnml bowel sounds

hepatomegaly / splenomegaly / mass

black / bloody / heme pos. stool

tenderness

cyanosis / diaphoresis / pallor

skin rash

pedal edema

calf tenderness

clotting

disoriented to: person / place / time

depressed affect

facial droop / EOM palsy / anisocoria

weakness / sensory loss

LABS, EKG, XRAYs and PROGRESS**CBC**

normal except

WBC

Hgb

Hct

Platelets

segs

bands

lymphs

monos

eos

Chemistries

normal except

BUN

Creat

Gluc

Alk Phos

Cl

ALT

AST

Na

K

CO2

Ca

Bilirubin

Magnesium

BNP

D-Dimer

CK

CKMB

Troponin

PT

PTT

INR

UA

normal except

WBC

RBC's

bacteria

dip:

EKG MONITOR STRIPnormal ☐ abnormal ☐EKG NML ☐ Interp. by me ☐ Reviewed by me ☐ Rate 118P-R-T intervals ☐ nml axis ☐ nml QRS ☐ nml ST/T

not / changed from:

Repeat EKG ☐ unchanged / ☐CXR ☐ Interp. by me ☐ Reviewed by me ☐ Discd w/ radiologist☐ nml / NAD ☐ no infiltrates ☐ nml heart size ☐ nml mediastinum

not / changed from:

Pulse Ox 98 % on RA / L / % at (time)

☐ normal ☐ abnormalRe-evaluation time 2010 ☐ unchanged ☒ improved ☒ re-examinedRe-evaluation time ☐ unchanged ☐ improved ☐ re-examinedRe-evaluation time ☐ unchanged ☐ improved ☐ re-examined

Cordazem IV Bolus, follow by

Cordazem IV drip

TREATMENT: • angina protocol

• unstable angina protocol

• acute MI protocol or acute coronary syndrome protocol

MEDICAL DECISION:

☐ Rx givenFollow up with ☐ As plannedDiscussed with Dr. ☐ ☒ CRIT CARE- 30-74 min

will see patient in: office / ED / hospital 75-104 min min

Counseled patient / family regarding ☐ Prior records orderedlab results / diagnosis / need for follow-up ☐ Additional history from:Admit orders written ☐ family caretaker ☐ paramedics**CLINICAL IMPRESSION:**

Chest Pain - acute precordial

Chest Wall Pain - acute

Dyspnea - acute

Costochondritis - acute

Myofascial Strain - acute

Viral Syndrome - acute

Bronchitis - acute

Viral Pleuritis (Pleurisy)

Abnormal EKG

GERD

Acute MI

Unstable Angina

Pericarditis - acute

Acute Aortic Dissection

Pulmonary Embolism

Acute Pulmonary Edema / CHF

Atrial Fibrillation rapid vent. response

controlled uncontrolled new-onset chronic

Pneumonia

Pneumothorax

DISPOSITION-

CONDITION-

☐ home ☒ admitted ☐ transferred☐ unchanged ☒ improved ☒ stable

x

Resident

MD / DO x

Attending

MD / DO

Physician

fix review, Patient interviewed, Medical Decision Making, and Examined by

DATE 1/21/2005

PRINTED BY: mmcgraw



WORKS, TYRON



Baptist Health

PROGRESS RECORD

130

Date	Time	Description
		PT sedated (MSO4) still c/o some
9/22/04		CP Worse c resp. No apnea SV's
	10:30	977 107/53 T ₃ 19
		CV: RMR single S, S ₂ PM/G/R
		lung OTA @ Abd. post, NT, ND & AS
		Ext p edema PHTSM
		CXR: NAD
		6.5/14.2 / 275 138 / 106 / 12 / 8 Mg 20
		44.8 4.1 / 23 / 1.0
		TI/OK @ x ₂ BH .96 T ₄ 6.3
		OT/PT/turn 12/23/.94 D Dimer 4.20
		EKG 9/22 : SR 73 Rct/ax, 2
		Tele : SR 77 Echo (P)
		AF @ AF → short duration. No known
		heart dg. If echo re, will
		D/c to home today. Outpt flx
		Atrian re : antianhythmic
		@ Chest pain → Atypical. CE +
		EKG @ . Out pt Abdr. Stress Echo
		3:00 pm 9/23/04
		Addend: Echo re LUT, trace MR,
		mlr TR. TSH re.
		Will order spiral CT to r/o PE
		of @ die home. Pt was drinking etoh
		on night prior to episode, may be
		episodic of AF

PRINTED BY: mllcgr DATE 1/21/2005

Last Printed: 09/21/2004 22:41:10

PN#30001

EE9



PN 300



c0426500699 09/21/2004 06:51:45M works,tyron 32 years

Dept: er
Room:
Oper: sb

EO426500699 WORKS, TYRON
DOB: 02/06/72 Age: 32Y MR #: 252640
Admit Date/Time: 09/21/04 1808P
915 PALERO, WALLACE G

Rate 113 . Atrial fibrillation with V. response of 113.....Irregular atrial activity
PR Early transition.....QRS positive in V2

DX
9/22

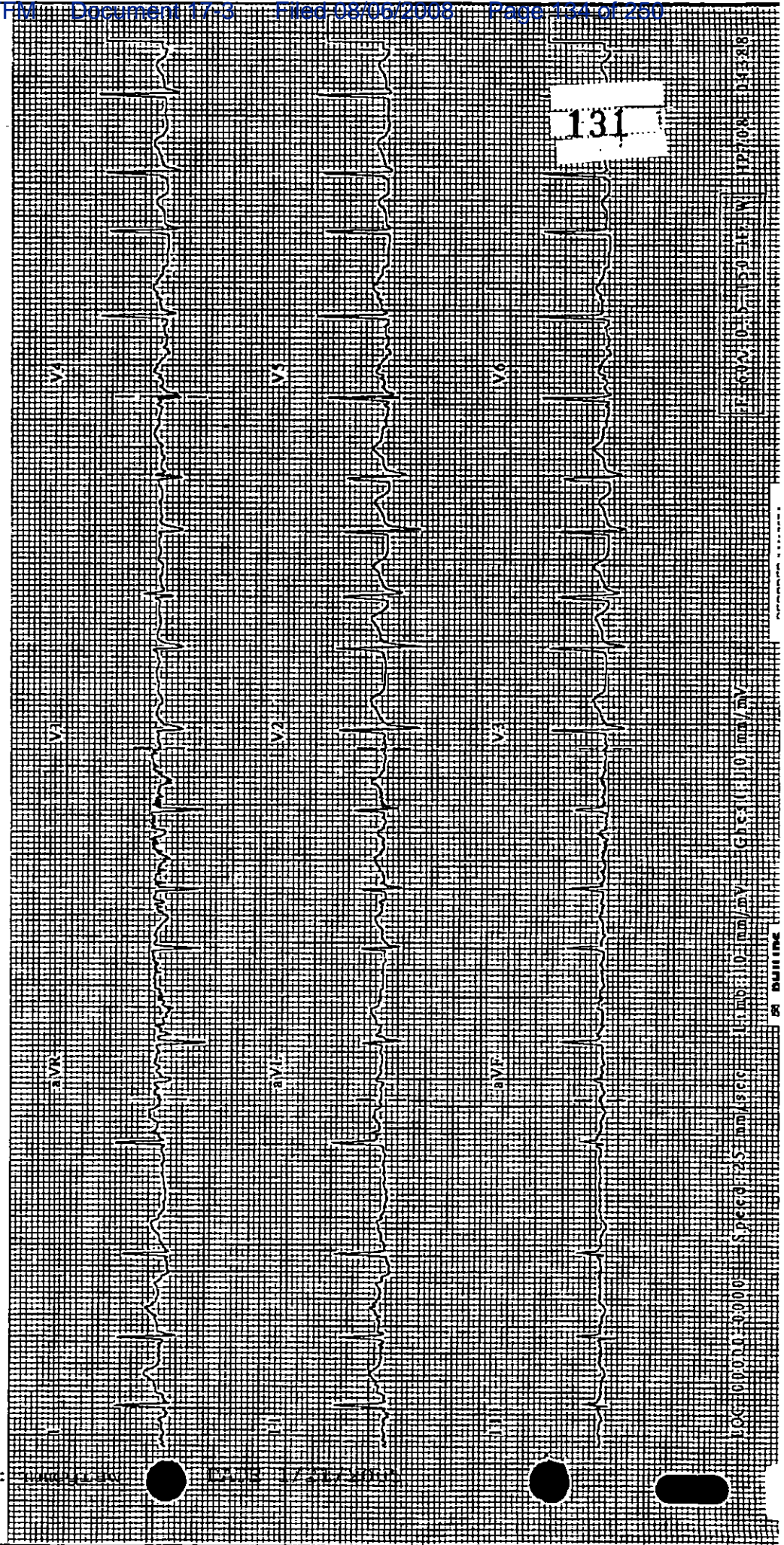
Requested by:

PRELIMINARY-MD MUST REVIEW

- ABNORMAL ECG -

--AXIS--
P
QRS 46
T 11

PRINTED BY:



LOC: 00000-00000 Speed: 25 mm/sec 10 mm/mV GXR (H10) mm/mV
12708 04528

Baptist Medical Center East RADIOLOGY
 Name: WORKS, TYRON DOB: 2/6/1972
 MR: E000252640 Acct: E0426500699
 AdmPhys: Finklea, John L., MD
 Admit Date: 9/21/2004 Discharge date: 9/22/2004

132

RADIOLOGY

Exam: CT Chest w/ contrast

Accession CT-04-0011658
 Number

Date / 9/22/2004 2:05:57 PM
 Time

Reason For Exam:
 r/o pulm embolism

FINDINGS
 WORKS, TYRON

CT SCAN OF THE CHEST:

Pulmonary arteriogram study.

The examination was performed utilizing dynamic contrast administration and exa was performed to specifically evaluate for the possibility of pulmonary thrombo

The mediastinum is normal. I do not see abnormal mediastinal masses or signific lymphadenopathy. Heart size is normal in size. Within the lungs some scattered subsegmental atelectasis is noted in the posterior aspect of the right and left but no focal masses, nodules, areas of consolidation, or significant effusions The right and left main pulmonary arteries and lobar branches are clearly well I do not see any filling defects to suggest the presence of underlying pulmonar thromboemboli. Segmental arteries are also fairly well visualized and no fillin were evident. Some calcified right hilar and subcarinal lymph nodes are noted w calcified granuloma seen in right middle lobe.

IMPRESSION:

NO EVIDENCE OF PULMONARY THROMBOEMBOLI.

ELECTRONICALLY SIGNED BY: Leung, Gary F, MD

TECHNOLOGIST: NJB
 TRANSCRIBED DATE AND TIME: 09/22/2004 14:31
 TRANSCRIPTIONIST: tlb

Exam: DX Chest Portable

Accession DX-04-0036422
 Number

Date / 9/21/2004 7:18:13 PM
 Time

Reason For Exam:
 cp

%%END

133

RADIOLOGY

Exam: DX Chest Portable

Accession DX-04-0036422
Number

Date / 9/21/2004 7:18:13 PM
Time

FINDINGS
WORKS, TYRON

CHEST PORTABLE:

Both lungs appear to be well expanded without an identifiable abnormality. Heart and mediastinal structures are unremarkable. I do not identify an abnormality of the bony thorax. The pleural space and diaphragmatic shadows are unremarkable. Air bronchograms appear normal.

IMPRESSION:
1. NO ABNORMALITY IDENTIFIED.

ELECTRONICALLY SIGNED BY: Dorey, Jason H, MD

TECHNOLOGIST: TCC
TRANSCRIBED DATE AND TIME: 09/22/2004 10:45
TRANSCRIPTIONIST: tlb

Baptist Medical Center East LABORATORY
 Name: WORKS, TYRON DOB: 02/06/1972
 MR: E000252640 Acct: E0426500699
 AdmPhys: Finklea, John L., MD
 Admit date: 09/21/2004 Discharge date: 09/22/2004

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HEMATOLOGY

Routine Hematology

COLLECTION DATE: 9/21/04
 COLLECTION TIME: 7:10:00 PM

		REF RANGE	UNITS
WBC	6.5	[4.1-10.3]	Thou/mL
RBC	5.30	[4.69-6.13]	Mill/mL
Hemoglobin	14.2	[11.3-15.3]	gm/dl
Hematocrit	44.8	[40.0-51.0]	%
MCV	85	[81-100]	FL
MCH	26.9 L	[27.0-31.2]	pg
MCHC	31.8	[31.8-35.4]	gm/dl
Platelet Count i	275	[140-400]	Thou/mL
RDW	12.8	[11.5-14.5]	%

09/21/2004 07:10:00 PM Platelet Count:
 Critical Ranges:
 OB & Cardiac = <100,000
 <90 days old = <100,000
 All others = <50,000 >750,000

Automated Differential

COLLECTION DATE: 9/21/04
 COLLECTION TIME: 7:10:00 PM

		REF RANGE	UNITS
Neutro Auto	49	[40-75]	%
Lymph Auto	33	[20-53]	%
Mono Auto	10	[0-12]	%
Eos Auto	4	[0-8]	%
Basophil Auto	4 H	[0-2]	%
Neutro Abs	3.1	[1.4-6.5]	#
Lymph Abs	2.1	[1.0-4.8]	#
Mono Abs	0.7 H	[0.1-0.6]	#
Eos Abs	0.3	[0.0-0.7]	#
Basophil Abs	0.3 H	[0.0-0.2]	#

%%END

Baptist Medical Center East LABORATORY
 Name: WORKS, TYRON DOB: 02/06/1972
 MR: E000252640 Acct: E0426500699
 AdmPhys: Finklea, John L., MD
 Admit date: 09/21/2004 Discharge date: 09/22/2004

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COAGULATION

COLLECTION DATE: 9/21/04
 COLLECTION TIME 7:10:00 PM

		REF RANGE	UNITS
PT i	12.1	[11.4-13.6]	Sec
INR i	.94	[.92-1.38]	Sec
PTT	23 Lc	[24-37]	Sec
D-Dimer	<.20	[<.20]	mcg/dl

09/21/2004 07:10:00 PM PT:
 New Reference Range effective 03-22-02

09/21/2004 07:10:00 PM INR:
 New Reference Range effective 03-22-02

9/21/04 7:10:00 PM PTT:
 Corrected from 21 on 9/21/04 8:13:23 PM by SHIRAH, BOBBY G

%%END

Baptist Medical Center East LABORATORY

Name: WORKS, TYRON DOB: 02/06/1972

MR: E000252640 Acct: E0426500699

AdmPhys: Finklea, John L., MD

Admit date: 09/21/2004 Discharge date: 09/22/2004

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CHEMISTRY

COLLECTION DATE: 9/21/04
COLLECTION TIME: 7:10:00 PM

		REF RANGE	UNITS
Gluc	86	[60-120]	mg/dL
BUN	12	[7-20]	mg/dL
Creat	1.0	[0.6-1.4]	mg/dL
Sodium	138	[135-145]	mEq/L
Potassium	4.1	[3.5-5.0]	mEq/L
Chloride	106	[97-112]	mEq/L
CO2	23.0	[22.0-30.0]	mEq/L
Calcium	9.0	[8.5-10.5]	mg/dL
Total Protein	7.6	[6.4-8.2]	gm/dl
Albumin	4.0	[3.4-5.0]	gm/dl
Alk Phos	58	[50-136]	u/l
ALT	60 H	[0-55]	u/l
AST	24	[8-42]	u/l
Bili Total	0.2	[0.0-1.0]	mg/dL
Magnesium	2.0	[1.8-2.4]	mg/dL

Cardiac Enzymes

COLLECTION DATE: 9/22/04 9/22/04
COLLECTION TIME: 10:54:00 AM 4:00:00 AM

			REF RANGE	UNITS
CK	145	175	[21-232]	u/l
MMB	<0.50	<0.50	[<=3.00]	ng/mL
Troponin-I i	.04	<.04	[<=.60]	ng/mL

09/21/2004 07:10:00 PM Troponin-I:
< 0.60 AMI Rule Out
> 1.50 AMI Rule In

COLLECTION DATE: 9/21/04
COLLECTION TIME: 7:10:00 PM

		REF RANGE	UNITS
CK	203	[21-232]	u/l
MMB	0.70	[<=3.00]	ng/mL
Troponin-I i	.05	[<=.60]	ng/mL

%%END

Baptist Medical Center East LABORATORY
Name: WORKS, TYRON DOB: 02/06/1972
MR: E000252640 Acct: E0426500699
AdmPhys: Finklea, John L., MD
Admit date: 09/21/2004 Discharge date: 09/22/2004

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CHEMISTRY

Thyroid Studies

COLLECTION DATE: 9/21/04
COLLECTION TIME: 7:10:00 PM

		REF RANGE	UNITS
TSH	.96	[.20-6.00]	mIU/ML
T4	6.3	[3.8-14.0]	ug/dl

%%END

PATIENT VERIFICATION DATA:
WORKS, TYRON ""- 0426500699

INDICATION: Atrial fibrillation.

FINDINGS: M mode studies, LV end diastolic dimension and diastole was 45 mms. Left ventricular and systolic dimension was 34 mms. Left ventricular posterior wall thickness was 11.4 mms. Intraventricular septal wall thickness was 10.7 mms. Aortic root diameter was 29 mms. Left atrium was 34 mms.

2D images, the left ventricle was normal size, had normal left ventricular systolic function and normal left ventricular wall thickness. The left atrium was normal size. The right ventricle showed normal size and function. The right atrium was normal. Aortic valve was poorly visualized and the parasternal short axis view therefore was not able to determine if it was trileaflet. However there was no significant gradient across the aortic valve. There was no aortic insufficiency. The mitral valve was normal and there was trace mitral regurgitation present. A tricuspid valve was normal and there was trace to 1+ tricuspid regurgitation with PA systolic pressure of at least 20 mm of Mercury plus CVP. The pulmonic valve was normal without any pulmonary insufficiency. No pericardial effusion present. No thrombus or vegetation present.

A Doppler study showed trace mitral regurgitation and trace tricuspid regurgitation with PA systolic pressure of 20 mms plus CVP. There was no aortic stenosis. There is was no mitral stenosis.

CONCLUSIONS:

1. Normal left ventricular size and function.
2. Mild tricuspid regurgitation with a PA systolic pressure of 20 mms of Mercury plus CVP.
3. Trace mitral regurgitation.

READ BY: ILIANA ARELLANO M.D.

IA/ / bwt
D: 09/22/2004
T: 09/22/2004

D: 09/22/2004
T: 09/22/2004
bt



EO426500699 WORKS, TYRON
 DOB: 02/06/72 Age: 32Y MR #: 252640
 Admit Date/Time: 09/21/04 2238P
 531 FINKLEA, JOHN L

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Baptist
 HEALTH

DISCHARGE INSTRUCTIONS

Date: 9/22/04 Discharged to: ☒ Home ☐ Home with Home Health ☐ Assisted Living
 Home with equipment: ☐ Wheelchair ☐ Cane ☐ Walker ☐ Crutches ☐ Oxygen ☐ Other NA

DISCHARGE INSTRUCTIONS:

- Diet: ☒ Regular ☐ Special:
- Activity per physician's instructions. Call physician if you have questions.
- Treatment to continue at home:

- Physician pre-printed instructions reviewed and provided.
- Other pre-printed instructions provided: (list) Stress Echo

FOLLOW-UP APPOINTMENT(S):

Dr. Arrellano 240-6700 Day Date 23 Sept Time 3pm ☐ AM ☒ PM
 Dr. Arshaid 280-1500 Day Date Time ☐ AM ☐ PM

VACCINATIONS

Patient up to date on: NA
☐ Flu Vaccine (October - March) If No: ☐ administered ☐ contraindicated
☐ Pneumonia Vaccine (within the last 5 years) If No: ☐ administered

TARGET EDUCATION

☐ Smoking cessation ☐ Low-molecular weight heparin
☐ Coumadin ☐ Insulin ☐ Pain medication NA

NEW MEDICATIONS

☐ Education for new medications provided ☐ Prescriptions given (if applicable)

Drug Name	Dose	Frequency	Prescription Given	Education Provided
1.				
2.				
3.				
4.				
5.				
6.				

CONTINUE THESE MEDICATIONS:

Drug Name	Dose	Frequency	Drug Name	Dose	Frequency
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

Time of Discharge: 1545 ☐ a.m. ☒ p.m. Method of Discharge: ☐ Wheelchair ☐ Stretcher ☐ Carried (Infant) ☐ Other

I understand the above instruction(s). I have received my personal belongings, home medication(s), follow-up instructions and prescriptions (if applicable.)

Nurse: Alba 2/23/04 Date: 9/22/04

Patient/Patient Rep. Tyron works Date: 9/22/04



DI 1440

White- Medical Record

Yellow- Patient

Form DI 14405 Revised 6/02/04 Page 1 of 2

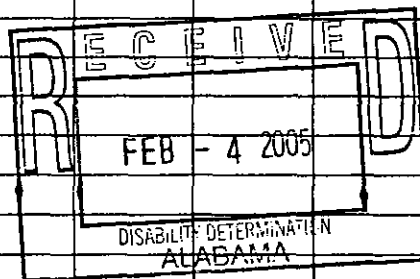
PRINTED BY: mmcgraw

DATE 1/21/2005

JEFFERSON UNDERWOOD, III, M.D.
2171 NORMANDIE DRIVE
MONTGOMERY, AL 36111

TEST-FLOW RECORD

NAME <u>Tyron Woods</u> 419-08-7667		DATE <u>9/9/04</u> AGE <u>32</u>		SMDW	
ADDRESS <u>435 Lurene Cir</u>		PHONE <u>279-8671</u>		SEX <u>M</u>	
TESTS	DATE	<u>9/9/04</u>	<u>9/30/04</u>	<u>12/6/04</u>	<u>140</u>
WEIGHT		<u>205 3/4</u>	<u>203</u>	<u>208 1/2</u>	
BLOOD PRESSURE		<u>110/70</u>	<u>120/70</u>	<u>130/60</u>	
PULSE		<u>72</u>	<u>72</u>	<u>76</u>	
TEMPERATURE			<u>95.9</u>		
CBC					
RBC					
WBC					
HGB					
Hematocrit					
Acid Phosphatase					
Alkaline Phosphatase					
Glucose			<u>neg</u>		
Bilirubin					
BUN					
Calcium					
Cholesterol					
Creatinine					
Hb A1c					
Lipid Profile					
SGGT					
SGOT					
SGPT					
T3					
T7					
TSH					
Triglycerides					
1890 Series					
Uric Acid					
Sodium					
Potassium					
Urinalysis					
Albumin			<u>trace</u>		
Calcium					
Uric Acid					
Pap Smear					
CHANGES					
Appetite					
Diet					
Medication					
Activities					
Physical					
Sleep					



3-F 11

9/9/04-12/6/04

TYRON WORKS

141 12/06/04

SUBJECTIVE: Mr. Works returns to the office today with a complaint of back pain, which at times radiates down both legs. He states he was diagnosed as having a herniated lumbar disc a couple of years ago and is currently being seen by the Veterans Administration. The Veterans Administration has scheduled him for EMG as well as evaluation sometime in January of 2005, however he states that the pain was so severe that he needed to come in today. No history of lower extremity weakness is noted.

OBJECTIVE: Vital signs are stable. Exam reveals lumbosacral discomfort to deep palpation. He does have some reproducible pain with scissoring, as well as straight leg raising. He has some asymmetry of the patella DTRs as well.

ASSESSMENT:

- 1) Low back pain with a history of herniated lumbar disc.

PLAN:

- 1) Continue with the Darvocet, as well as I think he has some Valium from the Veterans Administration. He is being referred to Dr. Warner Pinchback for further evaluation.

JEFFERSON UNDERWOOD, III, M.D.

JU/mf

142

TYRONE WORKS
SEPTEMBER 9, 2004
PAGE TWO

EXTREMITIES: Without any clubbing, cyanosis or edema.

NEURO: Intact grossly.

CBC: H&H today was 14.3 and 40.9.

ASSESSMENT:

- 1) History of abdominal pain with rectal bleeding.

PLAN:

- 1) Continue the ranitidine, and a GI referral will be made to Dr. Joseph Jackson.
- 2) Chemistries will be obtained, and he is to return back to see us on a p r.n. basis.


JEFFERSON UNDERWOOD, III, M.D.

JU/mf

TYRON WORKS

09/30/04

SUBJECTIVE: Mr. Works returns to the office today stating that he has was admitted to BMC East because of chest pain, nausea and vomiting. He was diagnosed as having atrial fibrillation and was placed on Cardizem, along with Protonix and aspirin. He states that he has an event monitor under the direction of Dr. Arshad. He states that he continues to have some nausea. He denies any shortness of breath or chest pain. No bowel or urinary changes noted.

OBJECTIVE: WT: 203 pounds, BP: 120/70, P: 72. General: He is in no acute distress. HEENT: No thyromegaly.
●diac: Regular rate and rhythm. Lungs are clear. Extremities: Without any edema.

ASSESSMENT:

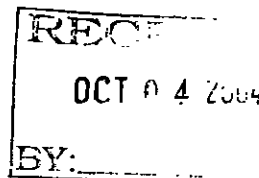
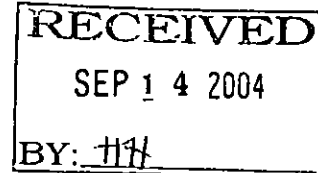
- 1) Atrial fibrillation – now in sinus rhythm.
- 2) Persistent nausea.
- 3) History of elevated HCPT of 62. ULN being 52.

PLAN:

- 1) Check a thyroid profile. Get old records from BMC East hospitalization. We would also like to order a upper GI series.


JEFFERSON UNDERWOOD, III, M.D.

JU/ds



Missed Appointment
Date 11/1/04

Missed Appointment
Date 11/4/04

143

TYRONE WORKS

09/09/04

HISTORY AND PHYSICAL

CHIEF COMPLAINT: Please see below.

HISTORY OF PRESENT ILLNESS: Mr. Works is a very pleasant 32-year-old African-American gentleman who presents to the office today complaining of abdominal discomfort as well as a history of rectal bleeding. He states that he noticed some bright red blood in his rectum approximately two months ago, and it resolved spontaneously. Shortly thereafter he had some abdominal pains, but no nausea or vomiting. He has been going to the Veterans Administration and has been taking ranitidine empirically without any x-rays, other than a chest x-ray done. He denies any dark, tarry, or melanotic stools, and has had no fever, chills, nausea, or vomiting.

ALLERGIES: No known drug allergies.

MEDICATIONS: Flexeril 10 mg, p.r.n.; ranitidine 150 mg daily; and Lortab 5 mg, p.r.n.

PREVIOUS SURGERIES: On his right knee times two in 1999 and 2003, and on his left knee in 2000.

SOCIAL HISTORY: He works as a computer information specialist with the State of Alabama.

FAMILY HISTORY: He has had an uncle who had lung cancer. A brother had tuberculosis, however this was while he was overseas, and he was tested for TB, which was negative.

PHYSICAL EXAMINATION

OBJECTIVE: WT. 205 3/4 pounds, BP: 110/70, P: 72.

GENERAL: He is in no acute distress. He is alert and oriented times three.

HEENT: Normocephalic and atraumatic. PERRLA. EOMI. Neck is supple without any thyromegaly or carotid bruits.

CARDIAC: Regular rate and rhythm.

LUNGS: Clear.

ABDOMEN: Normoactive bowel sounds with no organomegaly. No tenderness to deep palpation was noted today.

RECTAL: Tan colored stools and Hemoccult was negative. The prostate was mildly enlarged, but felt benign.

Southern
Diagnostic Laboratories

2732 7th Ave South
Birmingham, AL 35233
Phone: 205-313-1240
Fax: 205-313-1250

UNDERWOOD III, DR. JEFFERSON
2171 NORMANDIE DRIVE
MONTGOMERY, AL 36111

144

Patient Name

WORKS, TYRON

Requesting Physician:

UNDERWOOD III, JEFFERSON

Sex/Species:

MALE

Date of Birth:

02/06/1972

Age:

32

Patient Phone:

2798671

Patient ID #:

419087667

Med. Rec. #:

Accession:

A055762

Requisition:

Collected: 09/30/2004 UNK

Reported: 10/02/2004 06:00

REQUEST

RESULT

UNITS

NORMALS

TEST LOC

COMPREHENSIVE METABOLIC PANEL

BHAM

SODIUM	138	mmol/L	135-145
POTASSIUM	4.6	mmol/L	3.5-5.0
CHLORIDE	102	mmol/L	98-109
CO2	25	mEq/L	21-31
ANION GAP	15.6	mmol/L	
GLUCOSE	77	mg/dL	70-105
BUN	13	mg/dL	7-25
CREATININE	1.2	mg/dL	0.6-1.3
OSMOLALITY	285	mOsm/kg	285-295
BUN/CREATININE RATIO	10.8		6-20
CALCIUM	9.7	mg/dL	8.2-10.0
PROTEIN, TOTAL	8.5	H g/dL	6.0-8.3
ALBUMIN	5.0	g/dL	4.2-5.5
GLOBULIN	3.5	g/dL	1.5-4.5
A/G RATIO	1.4		1.1-2.4
ALKALINE PHOSPHATASE	51	U/L	40-120
ALT (SGPT)	43	U/L	7-52
AST (SGOT)	20	U/L	13-39
BILIRUBIN, TOTAL	0.4	mg/dL	0.1-1.2

THYROID PROFILE, HYPERTHYROIDISM

T3 UPTAKE	29	%	24-35	BHAM
T4, TOTAL	8.7	ug/dL	4.5-12.5	BHAM
FTI	2.5		1.1-4.4	BHAM
TSH (THIRD GENERATION)	1.67	uIU/mL	0.4-4.0	BHAM

ABNORMAL SUMMARY

COMPREHENSIVE METABOLIC PANEL

PROTEIN, TOTAL	8.5	H	g/dL	6.0-8.3
----------------	-----	---	------	---------

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #:01D1015388

RECEIVED
OCT 08 2004
BY: *[Signature]*

WORKS, TYRON

Page: 1 (last)

Southern
 Diagnostic Laboratories

 2732 7th Ave South
 Birmingham, AL 35233
 Phone: 205-313-1240
 Fax: 205-313-1250

 UNDERWOOD III, DR. JEFFERSON
 2171 NORMANDIE DRIVE
 MONTGOMERY, AL 36111

143

Patient Name WORKS, TYRON			Requesting Physician: UNDERWOOD III, JEFFERSON	
Sex/Species: MALE	Date of Birth: 02/06/1972	Age: 32	Accession: A050966	
Patient Phone: 2798671	Patient ID #: 419087667	Med. Rec. #:	Requisition: 09/09/2004 UNK	
			Collected: 09/10/2004 06:01	
			Reported:	

REQUEST	RESULT	UNITS	NORMALS	TEST LOC
COMPREHENSIVE METABOLIC PANEL				BHAM
SODIUM	140	mmol/L	135-145	
POTASSIUM	4.4	mmol/L	3.5-5.0	
CHLORIDE	104	mmol/L	98-109	
CO2	26	mEq/L	21-31	
ANION GAP	14.4	mmol/L		
GLUCOSE	81	mg/dL	70-105	
BUN	9	mg/dL	7-25	
CREATININE	1.1	mg/dL	0.6-1.3	
OSMOLALITY	288	mOsm/kg	285-295	
BUN/CREATININE RATIO	8.2		6-20	
CALCIUM	9.8	mg/dL	8.2-10.0	
PROTEIN, TOTAL	8.3	g/dL	6.0-8.3	
ALBUMIN	4.8	g/dL	4.2-5.5	
GLOBULIN	3.5	g/dL	1.5-4.5	
A/G RATIO	1.4		1.1-2.4	
ALKALINE PHOSPHATASE	50	U/L	40-120	
ALT (SGPT)	62	U/L	7-52	
AST (SGOT)	35	U/L	13-39	
BILIRUBIN, TOTAL	0.5	mg/dL	0.1-1.2	

ABNORMAL SUMMARY

COMPREHENSIVE METABOLIC PANEL

ALT (SGPT)	62	H	U/L	7-52
------------	----	---	-----	------

PLEASE NOTE: The abnormal summary is supplied as a tool for identifying abnormal results. All results must still be reviewed as some abnormal results will not be included due to their interpretative or textual nature.

FINAL REPORT

Testing Locations:

BHAM SOUTHERN DIAGNOSTIC LABORATORIES - 2732 7TH AVENUE SOUTH BIRMINGHAM, AL 35233 205-313-1240 CLIA #: 01D1015388

 RECEIVED
 SEP 10 2004
 BY: *HL*

WORKS, TYRON

Page: 1 (last)

Sep 09 2004

3:54 pm

Version 1.10

JEFFERSON UNDERWOOD, III, MD
2171 NORMANDIE DRIVE
MONTGOMERY, AL 36111
(334) 288-7531

146

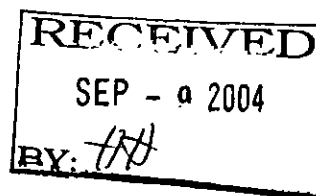
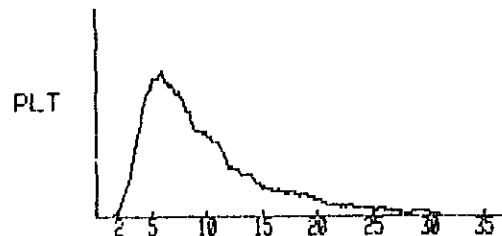
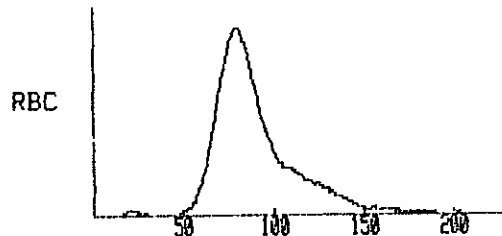
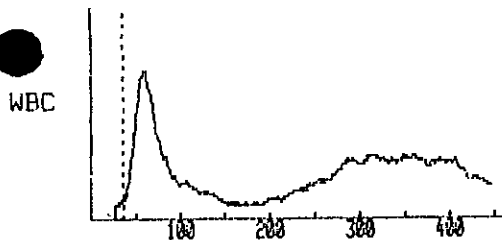
CD1700 SPECIMEN DATA REPORT

Specimen ID# : 419087667
Patient: WORK, TYRON
Sex: M DOB: 02/06/72
Physician: UNDERWOOD III
Comments: DS

Analyzed: 09/09/04 15:54
Operator I.D.: ---
Sequence #: 3060
Mode: Open
Collected: 09/09 03:25

TEST	RESULT	FLAG	LIMIT	REFERENCE RANGE (LIMIT 1)
WBC	7.5 K/uL	[*]		4.1 - 10.9 K/uL
LYM	2.0 27.0 %L	[*]		0.6 - 4.1 10.0 - 58.5 %L
*MID	0.5 6.1 %M	[*]		0.0 - 1.8 0.1 - 24.0 %M
GRAN	5.0 66.9 %G	[*]		2.0 - 7.8 37.0 - 92.0 %G
RBC	4.98 M/uL	[*]		4.20 - 6.30 M/uL
HGB	14.3 g/dL	[*]		14.0 - 18.0 g/dL
HCT	40.9 %	[*]		37.0 - 51.0 %
MCV	82.2 fL	[*]		80.0 - 97.0 fL
MCH	28.7 pg	[*]		26.0 - 32.0 pg
MCHC	35.0 g/dL	[*]		31.0 - 36.0 g/dL
RDW	14.6 %	H [*]		11.5 - 14.5 %
PLT	265. K/uL	[*]		140. - 440. K/uL

* MID cells may include less frequently occurring and rare cells correlating to monocytes, eosinophils, basophils, blasts and other precursor white cells.





Advanced Medical Imaging Center

Advanced Medical Imaging Center
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

147

Jefferson Underwood, MD 10/04/2004
2171 Normandie Drive
Montgomery, AL 36108

Re: Works, Tyrone
DOB: 2/6/1972
Account#: 899266
Chart#: 80005
Exam: UPPER GI 10-04-04

UPPER GI:
INDICATION: Nausea

FINDINGS: Esophageal motility is normal. Full column gastroesophageal reflux was demonstrated up to the thoracic inlet. However, there are no radiographic signs of reflux esophagitis, stricture, or ulceration. The stomach mucosa is normal with no mass or ulceration. The duodenal bulb and duodenum are unremarkable.

IMPRESSION:

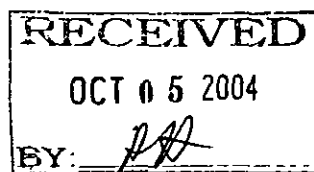
1. Severe gastroesophageal reflux. There are no signs of reflux esophagitis.
2. No peptic ulcer disease.

KEN RICHARDSON, MD

KR/lgh

(Handwritten signature/initials)

(Handwritten signature/initials)





Advanced Medical Imaging Center

143
Advanced Medical Imaging Center
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

Jefferson Underwood, MD 10/04/2004
2171 Normandie Drive
Montgomery, AL 36108

Re: Works, Tyrone
DOB: 2/6/1972
Account#: 899266
Chart#: 80005
Exam: ABDOMINAL ULTRASOUND 10-04-04

ABDOMINAL ULTRASOUND: INDICATION: Nausea

FINDINGS: The liver is of uniform echotexture with no focal mass. The gallbladder is normal with no gallstones or gallbladder wall thickening. There is no bile duct dilatation or ascites. The pancreas and spleen have a normal ultrasound appearance.

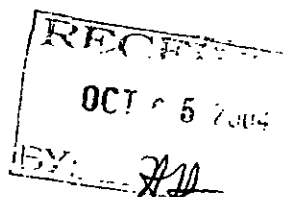
IMPRESSION:
Normal abdomen ultrasound.

KEN RICHARDSON, MD

KR/lgh

(Y)

Q





SURGICAL SPECIALISTS, P.C.
 1329 Mulberry Street, Montgomery, AL 36106
 Phone (334) 262-0523 Fax (334) 262-5915

W.L. Pinchb Jr., M.D., F.A.A.O.S.

143

January 12, 2005

Dr. Jefferson Underwood, III
 2171 Normandie Drive
 Montgomery, Alabama 36111

Re: Tyron Works

Dear Dr. Underwood, III:

I had the opportunity to see Mr. Works in the office today. As you know, this patient is a 32-year-old man who complains of pain and discomfort in his lower back with pain occasionally radiating down the posterior aspect of his right lower limb to his foot. He said the back pain is constant. He is always in pain. He has not responded to previous conservative treatment of physical therapy or anti-inflammatory medication, muscle relaxers, or rest. He is in today following the MRI of his lumbar spine.

On examination today, the patient continues to have point tenderness in the area of the L5-S1 of his lumbar spine. He has a very positive rock-and-tilt test. He has increased tenderness on extension of his lower back and lateral bending to the right and straight leg raising is negative bilaterally but he has false positive straight leg raising at 45 degrees on the right. There is no appreciable muscle weakness or sensory deficit in either lower limb.

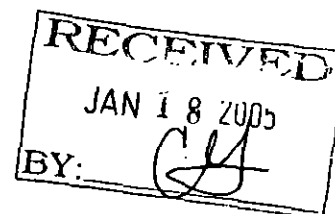
I reviewed the MRI of his lumbar spine and it demonstrates marked desiccation of the L5-S1 disc with a small broad based disc herniation. There may be some contact with the S-1 nerve root.

I feel this patient's symptoms are such that he would probably benefit from a posterolateral lumbar arthrodesis with a possible lumbar interbody arthrodesis or hemilaminectomy. The complications and risks have been explained to the patient and that includes the possibility of developing an infection, blood clot, or neurovascular injury. The patient indicates that he understands. I advised him that the complications and risks are rare, but they can indeed occur. He was advised that we do obtain the bone graft from a separate fascia incision on the pelvis. The patient has decided to schedule his surgery for 02/08/05 at Baptist South.

If you have any questions regarding this patient, please do not hesitate to contact me at the above address. Thank you.

Very truly yours,

W.L. Pinchb Jr., M.D.
 WLPjc/wa





W.L. Pinchback, Jr., M.D., F.A.A.O.S.

SURGICAL SPECIALISTS, P.C.
 1324 Mulberry Street Montgomery, AL 36106
 Phone (334) 262-0523 Fax (334) 262-5915

153

December 6, 2004

Dr. Jefferson Underwood, III
 2171 Normandie Drive
 Montgomery, Alabama 36111

Re: Tyron Works

Dear Dr. Underwood, III:

I had the opportunity to see Mr. Works in the office today. As you know, this patient is a 32-year-old young man who complains of pain and discomfort in his lower back. This patient has no history of recent trauma but he said that he was just walking through his door and the severe pain hit him in his lower back and he had to go straight to the floor. The pain did not radiate down into his leg but he had some numbness and tingling down into his legs.

On physical examination, this patient ambulates with severe guarded movements. He has a slight lurch. He flexes his lumbar spine about 40 degrees, extends it to 10 degrees, and lateral bending is 10 degrees in each direction. He has increased tenderness on extension and lateral bending in each direction, and forward flexion. Straight leg raising is negative bilaterally but he has bilateral false positive straight leg raising at about 45 degrees. He has a very positive rock-and-tilt test. I could detect no appreciable muscle weakness or sensory deficit in either lower limb. Deep tendon reflexes are all 3+. He has marked point tenderness at the level of L3-4 and L4-5 of the lumbar spine, and he has marked bilateral paravertebral muscle spasms.

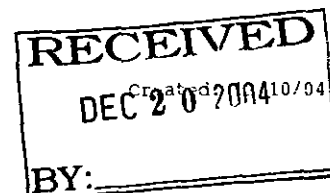
X-rays of the lumbar spine done in the office demonstrate good bone mineralization with slight narrowing of the L5-S1 disc space. I reviewed the MRI of his lumbar spine that was done back on 05/28/04 and it did not demonstrate a significant disc herniation but he has mild desiccation at the level of L5-S1 with no evidence of nerve root compression, and the facet joints appear to be fairly adequate.

I feel his symptoms are consistent with a facet joint arthritis that is triggering the paravertebral muscle spasm that the patient is experiencing in his lower back. We would like to start him on aggressive physical therapy consisting of electrical muscle stimulation, thermal therapy, therapeutic exercises, and isokinetic strengthening exercises, and physical conditioning. We will give him an anti-inflammatory medication Celebrex pain pack 400 mg taken after dinner tonight and then 200 mg twice a day with food. He was also given a prescription for Skelaxin 800 mg, taken three times daily and a prescription for Darvocet N-100 for pain. We will prescribe a lumbosacral corset for this patient. We also gave him a shot of Toradol 60 mg IM.

If you have any questions regarding this patient, please do not hesitate to notify me at the above address. Thank you.

Very truly yours,

W.L. Pinchback, Jr., M.D.
 WLP:pr/wa



40 Beth Jones

**DEPARTMENT OF
VETERANS AFFAIRS**

Central Alabama Veterans Health Care System
215 Perry Hill Road
Mail Stop: 136D
Montgomery, AL 36109

151

DATE: 1/27/2005
In Reply Refer To: 136D

DISABILITY DETERMINATION SERVICE
P O BOX 830300
BIRMINGHAM, ALABAMA 35283-0300

RE: ROI Request for TYRON WORKS

Dear DISABILITY DETERMINATION SERVICE:

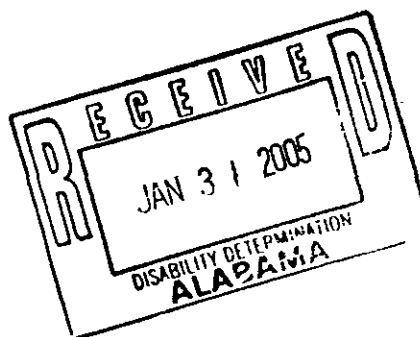
The information listed below is furnished in reponse to your recent request under the Privacy Act and 45 CFR Part 164.

We are enclosing a copy of the information you request.

The information requested is being furnished at the written request or the written consent of the veteran. Since this information is privileged, its confidentiality should be maintained.

Sincerely,

HERMAN L KING - Release of Information



10/24/01-1/13/05

4-F

969



1746631626

**REQUEST FOR MEDICAL INFORMATION FROM
RECORDS OF VETERANS ADMINISTRATION**

The veteran named below has filed an application for a period of disability and/or disability benefits under a disability program administered by the Social Security Administration and has authorized the Veterans Administration to release to the Social Security Administration any medical information from their records concerning the claimant.

(Be Sure to Indicate Hospital, Clinic, Domiciliary or Regional Office)

**VETERANS ADMINISTRATION
MEDICAL CENTER
215 PERRY HILL ROAD
MONTGOMERY AL 36109-3798**

**I IDENTIFYING INFORMATION
(To Be Completed by SSA)**

VETERAN'S NAME (LAST, FIRST, MIDDLE)
WORKS, TYRON

152

SOCIAL SECURITY NUMBER
419-08-7667

CLAIM NUMBER

C-

SERVICE SERIAL NUMBER (IF C NO. NOT AVAILABLE)

DATE OF REQUEST

January 26, 2005

ORIGINATING OFFICE (IF NOT PARALLEL DO)

**Disability Determination Service
Post Office Box 830300
Birmingham, Alabama 35283-0300**

HOSPITALIZED AT

VA MONTGOMERY

DATES

1/1/01

PRESENT

DATE

DATES

1/1/04 TO PRESENT

**II
INFORMATION
NEEDED
BY
SSA**

(Only checked
items are
needed)

A. ☒ **HOSPITAL SUMMARIES OR EQUIVALENT INFORMATION**

(If veteran is still hospitalized and the period covered by the latest summary ended over 3 months ago, please also furnish response to treatment and current diagnosis and prognosis. If a summary has not been prepared, please furnish history; copy of admission examination, subsequent laboratory reports and examinations; treatment and response; diagnosis; and prognosis.)

B. ☐ **EXAMINATION FOR COMPENSATION OR PENSION**

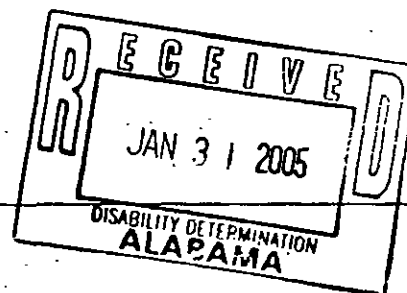
C. ☒ **RECORDS OF OUT-PATIENT TREATMENT**

D. ☐ **STATEMENT OF COMPETENCY TO MANAGE FUNDS**

(If summaries or reports furnished do not contain determination of competency to manage funds made within past year, please complete block III-B below.)

E. ☒ **OTHER SPECIFIC INFORMATION**

BREATHING TEST DONE IN 2004



A. USE THIS SPACE FOR REPLY TO II-E OR FOR OTHER REMARKS:

**III
VA RESPONSE**

If additional space is necessary, use reverse or attach additional sheet.

B. **STATEMENT OF COMPETENCY TO MANAGE FUNDS (Complete only if II-D checked above)**

**THIS VETERAN CONSIDERED
BY THE VETERANS
ADMINISTRATION**

☐ **COMPETENT TO
MANAGE FUNDS**

☐ **INCOMPETENT TO
MANAGE FUNDS**

THIS DECISION HAS BEEN

☐ **ADJUDICATED BY VA**

☐ **DETERMINED BY MEDICAL STAFF**

DATE OF DECISION

Return to

DISABILITY DETERMINATION SERVICE

POST OFFICE BOX 830300

BIRMINGHAM, ALABAMA 35283-0300

I certify the above information is taken from the medical records at this station and that all opinions expressed are those of our medical staff.

SIGNATURE OF REGISTRAR, MED. ADM. OFF. OR DESIGNEE

Handwritten signature

DATE

1-27-05

TITLE

ROC CLK

Problem List

Jan 27, 2005

Asthma, unspecified type, without mention of status asthmaticus or acute exacerb (493.9)

153

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J
Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J
Entered: 1/9/02, by BELL, KAREN J
Updated: 1/9/02

Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2) (836.2)

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J
Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J
Entered: 1/9/02, by BELL, KAREN J
Updated: 1/9/02

Allergic rhinitis (477.8)

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J
Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J
Entered: 1/9/02, by BELL, KAREN J
Updated: 1/9/02

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

VISTA Electronic Medical Documentation

Printed at CENTRAL ALABAMA HCS

Problem List

Jan 27, 2005

154

Abdominal Pain (ICD-9-CM 789.00) (789.00)

Onset:

Status: ACTIVE

SC Cond: UNKNOWN

Exposure: None

Provider: BELL, KAREN J

Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J

Entered: 7/22/02, by BELL, KAREN J

Updated: 7/22/02

Upper respiratory infection (ICD-9-CM 465.9) (465.9)

Onset:

Status: ACTIVE

SC Cond: UNKNOWN

Exposure: None

Provider: BELL, KAREN J

Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J

Entered: 12/31/02, by BELL, KAREN J

Updated: 12/31/02

Pain in joint involving lower leg (ICD-9-CM 719.46) (719.46)

Onset:

Status: ACTIVE

SC Cond: UNKNOWN

Exposure: None

Provider: BELL, KAREN J

Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

VISTA Electronic Medical Documentation

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Problem List

Jan 27, 2005

Entered: 7/16/03, by BELL, KAREN J
Updated: 7/16/03

155

Chronic Headache (ICD-9-CM 784.0) (784.0)

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J
Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J
Entered: 7/16/03, by BELL, KAREN J
Updated: 7/16/03

Migraine (ICD-9-CM 346.90) (346.90)

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J
Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J
Entered: 9/3/03, by BELL, KAREN J
Updated: 9/3/03

Back Pain (ICD-9-CM 724.5) (724.5)

Onset:
Status: ACTIVE
SC Cond: UNKNOWN
Exposure: None

Provider: BELL, KAREN J

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Problem List

Jan 27, 2005

Clinic: M-K BELL NP-YELLOW TEAM WC 2

156

Recorded: , by BELL, KAREN J

Entered: 4/30/04, by BELL, KAREN J

Updated: 4/30/04

Gastroesophageal Reflux Disorder (ICD-9-CM 530.81) (530.81)

Onset:

Status: ACTIVE

SC Cond: UNKNOWN

Exposure: None

Provider: BELL, KAREN J

Clinic: M-K BELL NP-YELLOW TEAM WC 2

Recorded: , by BELL, KAREN J

Entered: 6/28/04, by BELL, KAREN J

Updated: 6/28/04

Degeneration of lumbar or lumbosacral intervertebral disc (ICD-9-CM 722.52) (722.52)

Onset:

Status: ACTIVE

SC Cond: YES

Exposure: None

Provider: JOSHI, RUPEN S

Clinic: M-DR JOSHI-YELLOW TEAM WC 2

Recorded: , by JOSHI, RUPEN S

Entered: 11/30/04, by JOSHI, RUPEN S

Updated: 11/30/04

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

RANITIDINE HCL 150MG (ZANTAC) TAB

157

TAKE ONE TABLET BY MOUTH EVERY DAY FOR STOMACH WITH FOOD FOR STOMACH

Status: ACTIVE

Start date: JUN 28, 2004

Stop date: JUN 29, 2005

Refills remaining: 2

Days supply: 90

Quantity: 90

Comments:

TRAMADOL 50MG (ULTRAM) TAB

TAKE ONE TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN

Status: ACTIVE

Start date: MAY 19, 2004

Stop date: MAY 20, 2005

Refills remaining: 5

Days supply: 30

Quantity: 180

Comments:

ALBUTEROL MDI (VENTOLIN) 200 DOSES

INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE ,
USING)

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 11

Days supply: 30

Quantity: 1

Comments:

SPACER

DECONAMINE SR (PSEUDO 120/CTM 8) CAP

TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 5

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Medication

Jan 27, 2005

153

Days supply: 30

Quantity: 60

Comments:

DICLOFENAC 75MG EC (VOLTAREN)

TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO
, NOT CRUSH, BREAK OR CHEW)

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 2

Days supply: 90

Quantity: 180

Comments:

ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB

TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 4

Days supply: 30

Quantity: 180

Comments:

FLUNISOLIDE (NASALIDE) NASAL INHALER

USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 11

Days supply: 30

Quantity: 1

Comments:

SALMETEROL DISKUS (SEREVENT) 50MCG 60

INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 , DOSES-

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Medication

Jan 27, 2005

153

DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: OCT 30, 2004

Refills remaining: 11

Days supply: 30

Quantity: 1

Comments:

PROPRANOLOL * 10MG (INDERAL) TAB

TAKE ONE TABLET BY MOUTH EVERY DAY TO PREVENT MIGRAINE (*WILL TITRATE ,
AS BLOOD PRESSURE ALLOWS*).

Status: DISCONTINUED

Start date: SEP 03, 2003

Stop date: SEP 03, 2004

Refills remaining: 2

Days supply: 90

Quantity: 90

Comments:

migraine prophylaxis; will titrate as bp allows

TRAMADOL 50MG (ULTRAM) TAB

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

Status: DISCONTINUED (EDIT)

Start date: JUL 16, 2003

Stop date: JUL 16, 2004

Refills remaining: 4

Days supply: 30

Quantity: 120

Comments:

HYDROCODONE 5/ACETAMINOPHEN 500MG TAB

TAKE 1 TABLET BY MOUTH TWICE A DAY AS NEEDED FOR BACK PAIN

Status: EXPIRED

Start date: MAY 19, 2004

Stop date: JUN 18, 2004

Refills remaining: 0

Days supply: 21

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

Quantity: 42

160

Comments:

CYCLOBENZAPRINE 10MG (FLEXERIL) TAB
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE ,
RELAXATION

Status: EXPIRED
Start date: MAY 19, 2004
Stop date: JUN 18, 2004
Refills remaining: 0
Days supply: 21
Quantity: 63

Comments:

CYCLOBENZAPRINE 10MG (FLEXERIL) TAB
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE ,
RELAXATION

Status: DISCONTINUE
Start date: APR 30, 2004
Stop date: MAY 30, 2004
Refills remaining: 0
Days supply: 15
Quantity: 45

Comments:
for muscle spasms

CYCLOBENZAPRINE 10MG (FLEXERIL) TAB
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY FOR MUSCLE RELAXATION ,
DISPENSED FROM ACUTE CARE CLINIC

Status: EXPIRED
Start date: MAR 30, 2004
Stop date: APR 29, 2004
Refills remaining: 0
Days supply: 3
Quantity: 9

Comments:

KETOROLAC (TORADOL) 10MG TAB**

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED WITH FOOD FOR PAIN ,

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

DISPENSED FROM ACUTE CARE CLINIC

161

Status: EXPIRED

Start date: MAR 30, 2004

Stop date: APR 29, 2004

Refills remaining: 0

Days supply: 3

Quantity: 12

Comments:
for back

KETOROLAC (TORADOL) 10MG TAB**

TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED WITH FOOD FOR ,
PAIN DISPENSED FROM ACUTE CARE CLINIC

Status: EXPIRED

Start date: FEB 25, 2004

Stop date: MAR 26, 2004

Refills remaining: 0

Days supply: 4

Quantity: 12

Comments:
hold VOLTERAN till finished with TORADOL

INFLUENZA VACCINE 0.5ML INJ

INJECT FLU INTRAMUSCULARLY ONCE *ADMINISTERED IN CLINIC*

Status: EXPIRED

Start date: OCT 30, 2003

Stop date: JAN 28, 2004

Refills remaining: 0

Days supply: 90

Quantity: 1

Comments:

CHLORPHENIRAMINE 8MG SR (CTM) CAP

TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED

Status: EXPIRED

Start date: JAN 03, 2003

Stop date: JAN 04, 2004

Refills remaining: 2

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

162

Days supply: 10

Quantity: 20

Comments:

DICLOFENAC 75MG EC (VOLTAREN)

TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO
, NOT CRUSH, BREAK OR CHEW)

Status: DISCONTINUE

Start date: DEC 31, 2002

Stop date: JAN 01, 2004

Refills remaining: 2

Days supply: 90

Quantity: 180

Comments:

TRAMADOL 50MG (ULTRAM) TAB

TAKE ONE TABLET BY MOUTH THREE TIMES A DAY PP AS NEEDED AS NEEDED FOR ,
PAIN

Status: DISCONTINUED (EDIT)

Start date: DEC 31, 2002

Stop date: JAN 01, 2004

Refills remaining: 3

Days supply: 30

Quantity: 90

Comments:

ALBUTEROL .083% SOLN 3ML UNIT DOSE

INHALE CONTENTS OF 1 AMPULE IN NEBULIZER BY MOUTH ONCE DISPENSED FROM ,
ACUTE CARE CLINIC

Status: EXPIRED

Start date: DEC 01, 2003

Stop date: DEC 31, 2003

Refills remaining: 0

Days supply: 1

Quantity: 1

Comments:

now given with one amp of atrovent

IPRATROPIUM (ATROVENT) INH SOLN/2.5ML VI

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

INHALE 2.5ML/1VIAL IN NEBULIZER BY MOUTH ONCE DISPENSED FROM ACUTE CARE CLINIC

163

Status: EXPIRED
Start date: DEC 01, 2003
Stop date: DEC 31, 2003
Refills remaining: 0
Days supply: 1
Quantity: 1

Comments:
now given with one amp albuterol

METHYLPREDNISOLONE (MEDROL) DOSEPAK
TAKE ACCORDING TO PACKAGE INSTRUCTIONS BY MOUTH AS DIRECTED DISPENSED ,
FROM ACUTE CARE CLINIC

Status: EXPIRED
Start date: DEC 01, 2003
Stop date: DEC 31, 2003
Refills remaining: 0
Days supply: 6
Quantity: 1

Comments:

METHYLPREDNISOLONE 125MG (SOLUMEDROL) INJ
INJECT 125MG. IVPB ONCE DISPENSED FROM ACUTE CARE CLINIC

Status: EXPIRED
Start date: DEC 01, 2003
Stop date: DEC 31, 2003
Refills remaining: 0
Days supply: 1
Quantity: 1

Comments:
for asthma exacerbatation

IBUPROFEN 800MG (MOTRIN) TAB
TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD FOR ,
INFLAMMATION/PAIN.

Status: EXPIRED
Start date: NOV 25, 2003

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

Stop date: DEC 25, 2003
Refills remaining: 0
Days supply: 30
Quantity: 90

164

Comments:

FLUNISOLIDE (AEROBID) ORAL INHALER
INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE ,
MOUTH AFTER USE)

Status: EXPIRED
Start date: SEP 24, 2002
Stop date: SEP 25, 2003
Refills remaining: 3
Days supply: 90
Quantity: 4

Comments:
SPACER, RINSE MOUTH

FLUNISOLIDE (NASALIDE) NASAL INHALER
USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION

Status: DISCONTINUE
Start date: SEP 24, 2002
Stop date: SEP 25, 2003
Refills remaining: 11
Days supply: 30
Quantity: 1

Comments:

SALMETEROL (SEREVENT) INHALER
INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)

Status: EXPIRED
Start date: SEP 24, 2002
Stop date: SEP 25, 2003
Refills remaining: 11
Days supply: 30
Quantity: 1

Comments:
SPACER

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

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ALBUTEROL MDI (VENTOLIN) 200 DOSES

INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE ,
USING)

Status: DISCONTINUE

Start date: SEP 24, 2002

Stop date: SEP 25, 2003

Refills remaining: 11

Days supply: 30

Quantity: 1

Comments:

SPACER

CYCLOBENZAPRINE 10MG (FLEXERIL) TAB

TAKE ONE TABLET BY MOUTH THREE TIMES A DAY DISPENSED FROM ACUTE CARE ,
CLINIC

Status: EXPIRED

Start date: AUG 22, 2003

Stop date: SEP 21, 2003

Refills remaining: 0

Days supply: 5

Quantity: 15

Comments:

DIAZEPAM 5MG/ML (VALIUM) 2ML/AMP

INJECT 5MG/1ML IVP STAT DISPENSED FROM ACUTE CARE CLINIC

Status: EXPIRED

Start date: AUG 22, 2003

Stop date: SEP 21, 2003

Refills remaining: 0

Days supply: 1

Quantity: 1

Comments:

HYDROCODONE 10/ACETAMINOPHEN 500MG TAB

TAKE 1 TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN

Status: EXPIRED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Medication

Jan 27, 2005

Start date: AUG 21, 2003
Stop date: SEP 20, 2003
Refills remaining: 0
Days supply: 15
Quantity: 40

166

Comments:

SODIUM CHLORIDE 0.9% INJ IV 80 ml/hr

SODIUM CHLORIDE 0.9% 500 ML

Status: EXPIRED
Start date: AUG 22, 2003@23:12
Stop date: AUG 23, 2003@14:00

Comments:

ETODOLAC 400MG (LODINE) TAB

TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS PAIN

Status: DISCONTINUED
Start date: JUL 22, 2002
Stop date: JUL 23, 2003
Refills remaining: 5
Days supply: 60
Quantity: 120

Comments:

LOPERAMIDE (IMODIUM) 2MG CAP

TAKE TWO CAPSULES BY MOUTH STAT (NO MORE THAN 8 CAPSULES DAILY) ,
DISPENSED FROM ACUTE CARE CLINIC

Status: EXPIRED
Start date: MAY 09, 2003
Stop date: JUN 08, 2003
Refills remaining: 0
Days supply: 1
Quantity: 2

Comments:

ALBUTEROL MDI (VENTOLIN) 200 DOSES

INHALE 2 SPRAYS BY MOUTH FOUR TIMES A DAY (SHAKE WELL BEFORE USING) ,

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

SPACER

Status: DISCONTINUE
Start date: MAR 27, 2002
Stop date: MAR 28, 2003
Refills remaining: 5
Days supply: 30
Quantity: 1

167

Comments:
SPACER

FLUNISOLIDE (AEROBID) ORAL INHALER
INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE ,
MOUTH AFTER USE)

Status: DISCONTINUED (EDIT)
Start date: MAR 27, 2002
Stop date: MAR 28, 2003
Refills remaining: 7
Days supply: 30
Quantity: 1

Comments:
SPACER, RINSE MOUTH

SALMETEROL (SEREVENT) INHALER
INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)

Status: DISCONTINUED (EDIT)
Start date: MAR 27, 2002
Stop date: MAR 28, 2003
Refills remaining: 6
Days supply: 30
Quantity: 1

Comments:
SPACER

ETODOLAC 200MG (LODINE) CAP
TAKE TWO CAPSULES BY MOUTH TWICE A DAY FOR ARTHRITIS WITH FOOD FOR ,
ARTHRITIS PAIN

Status: DISCONTINUED (EDIT)
Start date: JAN 09, 2002

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Jan 27, 2005

Stop date: JAN 10, 2003
Refills remaining: 2
Days supply: 90
Quantity: 360

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Comments:

FLUNISOLIDE (NASALIDE) NASAL INHALER
INHALE 2 PUFFS IN EACH NOSTRIL TWICE A DAY FOR CONGESTION

Status: DISCONTINUED (EDIT)
Start date: JAN 09, 2002
Stop date: JAN 10, 2003
Refills remaining: 3
Days supply: 30
Quantity: 1

Comments:

LEVOFLOXACIN 500MG (LEVAQUIN) TAB
TAKE ONE TABLET BY MOUTH EVERY DAY FOR INFECTION WITH PLENTY OF WATER ,
UNTIL ALL GONE

Status: EXPIRED
Start date: JAN 03, 2003
Stop date: JAN 10, 2003
Refills remaining: 0
Days supply: 7
Quantity: 7

Comments:

x 7 days

AMOXICILLIN 250MG (AMOXIL) CAP
TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR INFECTION UNTIL ALL ,
GONE

Status: DISCONTINUED
Start date: DEC 31, 2002
Stop date: JAN 07, 2003
Refills remaining: 0
Days supply: 7
Quantity: 21

Comments:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication

Jan 27, 2005

asthmatic

169

SPACER DEVICE WITH CHAMBER

USE WITH ORAL METERED DOSE INHALERS BY MOUTH FOUR TIMES A DAY

Status: EXPIRED

Start date: MAR 27, 2002

Stop date: APR 26, 2002

Refills remaining: 0

Days supply: 30

Quantity: 1

Comments:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Vitals

Jan 27, 2005

JAN 27, 2005 (10:14) Cumulative Vitals/Measurements Report Page 1

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11/30/04

09:56

T: 97.9 F (36.6 C)

P: 78

R: 16

B/P: 135/73

Wt: 203.00 lb (92.27 kg)

Body Mass Index: 28*

Pain: 4

*** (E) - Error entry

WORKS, TYRON 419-08-7667 FEB 6, 1972 32 YRS MALE VAF 10-7987j

Unit: Room:

Division:

JAN 27, 2005 (10:14) Cumulative Vitals/Measurements Report Page 1

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

VISTA Electronic Medical Documentation

WORKS, TYRON

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Vitals

Jan 27, 2005

~~171~~

06/28/04

14:57

T: 97.8 F (36.6 C)

P: 79

R: 18

B/P: 121/66

Ht: 72.00 in (182.88 cm)

Wt: 203.80 lb (92.64 kg)

Body Mass Index: 28*

Pain: 5

*** (E) - Error entry

WORKS, TYRON

419-08-7667

FEB 6, 1972

32 YRS MALE

VAF 10-7987j

Unit:

Room:

Division:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Allergy

Jan 27, 2005

Causative agent: MUSHROOMS

Signs/symptoms: SHORTNESS OF BREATH
URTICARIA

Originated: OSBORNE, AMY M LPN

Verified: Yes

Observed/Historical: Historical

Comments:

NOV 25, 2004@16:23:10 by

Updated using clean up process. Changed reactant from MUSHROOMS (free text) to MUSHROC

172

Causative agent: TYPHOID VACCINE

Signs/symptoms: SHORTNESS OF BREATH
SWELLING-THROAT
TACHYCARDIA

Drug Classes: VACCINES

Originated: WALLACE, MARILYNN R PHARMACY SUPERVISOR

Verified: Yes

Observed/Historical: Historical

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Lab Result

Jan 27, 2005

---- CBC ----

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BLOOD	08/05 2003 09:02	05/08 2003 23:30	12/31 2002 15:13	02/05 2002 11:08	10/23 2001 14:54	Reference Units	Ranges
WBC	6.2	7.2	5.5	4.2 L	4.9	K/CMM	4.5-10.8
RBC	5.04	4.63	5.28	5.08	5.59	M/ul	4-5.8
HGB	14.2	13.1 L	14.8	14.4	15.0	g/dL	13.8-18
HCT	41.6	37.9 L	43.4	42.0	45.6	%	41-54
MCV	82.4	81.7 L	82.1	82.6	81.5 L	fL	82-97
MCH	28.1	28.3	27.9	28.4	26.9 L	pg	27-33
MCHC	34.1	34.6	34.0	34.4	33.0	gm/dL	32-37
RDW	13.3	13.8	13.4	12.8	13.3	%	11-14.5
PLT	264.0	262	304.0	275	273.0	K/ul	130-400
MPV	8.1	8.2	7.9	7.9	7.9	fL	7.4-10.4
NE%	53.5	56.1	63.7	53.5	63.4	"%"	40-76
NE#	3.3	4.0	3.5	2.2	3.1	#	1.8-7.6
LYMPH %	30.2	29.5	22.8	30.0	23.9	"%"	15-40
LYMPH #	1.9	2.1	1.3	1.3	1.2	#	.7-4.3
MONO %	11.5	10.2	10.4	9.9	7.8	"%"	1-12
MONO #	0.7	0.7	0.6	0.4	0.4	#	.04-1.3
EO%	4.2	3.4	2.6	4.9	4.3	"%"	0-6
EO#	0.3	0.2	0.1	0.2	0.2	#	0-.6
BA%	0.6	0.8	0.5	1.7	0.6	"%"	0-2
BA#	0.0	0.1	0.0	0.1	0.0	#	0-.2
SEDRATE						mm/hr.	0-10
RETIC						%	.5-1.5
WESTERG						MM/HR	0-15
RET %						%	
RET #						#	

Comments:

a

b

c

a. TEST/TESTS REPEATED & CONFIRMED NBP

b. *** For test RDW Normals: 11.0-14.5 ***

*** For test MONO % Normals: 1.0-12.0 ***

*** For test LYMPH # Normals: 0.7-4.3 ***

*** For test EO% Normals: 0.0-6.0 ***

*** For test EO# Normals: 0.0-0.6 ***

*** For test BA% Normals: 0-2.0 ***

*** For test BA# Normals: 0.0-0.2 ***

c. *** For test RDW Normals: 11.0-14.5 ***

*** For test MONO % Normals: 1.0-12.0 ***

*** For test LYMPH # Normals: 0.7-4.3 ***

*** For test EO% Normals: 0.0-6.0 ***

*** For test EO# Normals: 0.0-0.6 ***

*** For test BA% Normals: 0-2.0 ***

*** For test BA# Normals: 0.0-0.2 ***

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

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Lab Result

Jan 27, 2005

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----- URINALYSIS -----

URINE	10/23	Reference
	2001	
	14:54	Units Ranges
COLOR	YELLOW	YELLOW/STRAW
APPEARA	CLEAR	
SP.GRAV	1.028	1.005-1.03
PH	7.0	4.5-8
PROTEIN	NEGATIVE	Neg.
GLU	NEGATIVE	Neg.
KETONES	NEGATIVE	Neg.
BILIRUB	NEGATIVE	Neg.
UR. BLD	NEGATIVE	NEG
UROBILI	1.0	MG/DL 0-1
WBC/HPF		/HPF 0-5
RBC/HPF		/HPF 0-3
CASTS		
HYALINE		/LPF 0-4
WBC/CAS		/LPF
RBC/CAS		/LPF
GRANULA		/LPF
WAXY/CA		/LPF
FATTY/C		/LPF
UR CRY		
AM URAT		
AM PHOS		
TRI PHO		
CA++ OX		
URIC AC		
CYSTINE		
LEUCINE		
TYROSIN		
CH CRY		
EPITH C		/HPF
SQ.EPTH		/HPF 0-3
RE.EPTH		/HPF
TR.EPTH		/HPF
YEAST		/HPF
TRCMOND		/HPF
UR.BACT		/HPF NoneObs
NITRITE	NEGATIVE	NEG
LEU ASE	NEGATIVE	NEG

Comments: a

a. MICROSCOPIC NOT REQUIRED PER CRITERIA (POLICY MEMO 113-8 (6)

*** For test SP.GRAV Normals: 1.005-1.030 ***

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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*** For test PH Normals: 4.5-8.0 ***
 *** For test UROBILI Normals: .0-1.0 ***

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---- HEPATITIS PROFILE / HTLV-III / WESTERN BLOT ----

SERUM 07/22 Reference
 2002
 12:35 Units Ranges

AntiHAV
 HBsAg
 BcoreAB
 BsurAB
 HepEAg
 H. E AB
 HEP C NEG
 IGM-HBc
 HIV-I
 WESBLOT
 HBsAB

mIU/ML

---- CHEMISTRY ----

SERUM 10/30 08/21 07/16 05/08 04/10 Reference
 2003 2003 2003 2003 2002
 07:53 07:51 16:05 23:30 07:36 Units Ranges

	10/30 2003 07:53	08/21 2003 07:51	07/16 2003 16:05	05/08 2003 23:30	04/10 2002 07:36	Units	Reference Ranges
GLUCOSE	92	96	87	98	89	mg/dL	73-112
BUN	8	9	8	7	6	mg/dL	5-21
CREAT	1.0	0.9	0.9	0.9	0.9	mg/dl	.6-1.4
NA	141	138	135	138	140	meq/L	135-145
K	4.3	3.9	3.8	3.3 L	3.7	meq/L	3.5-5
CL	109	108	108	110 H	110 H	meq/L	97-109
CO2	28	26	28	24	29	MMOL/L	22-31
ANI GAP						meq/L	6-20
CAL OSM						mOsm/L	275-300
AMYLASE						IU/L	30-110
LIPASE				19		IU/L	0-208
CA	9.3	9.5	9.3	8.8	9.6	mg/dL	8.4-10.2
PO4						mg/dL	2.5-4.5
MG						mg/dl	1.7-2.2
VLDL					6.80	MG/DL	0-30
CHOL					134	mg/dL	120-200
TRIGLYC					34 L	mg/dL	48-192
HDL					39.0	mg/dl	34.9
LDL					88	mg/dl	0-129

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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URIC AC		mg/dL	3.5-8.5
PROTEIN	6.7	g/dL	6.2-8.2
ALBUMIN	3.8	g/dL	3.4-5
SGOT		U/L	15-46
SGPT	29	U/L	7-56
LDH		U/L	313-618
ALK PHO	38	U/L	38-126
CPK		U/L	37-289
CKMB		U/L	0-10
TROP-I		ng/mL	0-2
G-GTP		U/L	8-78
T. BIL	0.6	mg/dL	.2-1.3
D BILI		mg/dL	0-.4
I. BILI		MG/DL	.2-.9
ACID PH		U/L	1.9-3.9
PA.PHOS		ng/mL	0-1.4
OSMOLAR		mOsm/kg	270-310

Comments: a

b

c

a. Evaluation for CA:

SINCE CALCIUM IS BOUND TO SERUM ALBUMIN, PATIENTS WITH LOW SERUM ALBUMIN INVARIABLY HAVE LOW TOTAL CALCIUM LEVELS, BUT MAY HAVE NORMAL IONIZED CALCIUM.

b. TEST/TESTS REPEATED & CONFIRMED NBP

c. *** For test CREAT Normals: 0.6-1.4 ***

*** For test K Normals: 3.5-5.0 ***

Evaluation for CHOL:

200-239 is considered moderate risk.

> or = 240 is considered high risk.

Evaluation for TRIGLY:

NEW REFERENCE RANGE: 12-09-97

NOTE: The Triglyceride values have been standardized to closely correlate with the U.S. Center for Disease Control (CDC) Triglyceride reference methods. This has necessitated an increase in the Triglyceride reference range.

Evaluation for HDL:

RISK FACTORS: IF HDL=25, 2.0 XAVG.RISK

RISK OF MALE

IF HDL=30, 1.82XAVG.RISK

IF HDL=35, 1.49XAVG.RISK

IF HDL=40, 1.25XAVG.RISK

IF HDL=45, 1.00XAVG,RISK

RISK OF FEMALE

IF HDL=40, 1.90XAVG.RISK

IF HDL=45, 1.55XAVG.RISK

Evaluation for LDL CHO:

THIS LDL IS A CALCULATED VALUE BASED ON FRIEDEWALD FORMULA.

CALCULATION WILL NOT BE ACCURATE IF TRIGLYCERIDE IS >400 MG/DL

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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(LDL SHOULD NORMALLY BE <129 MG/DL)

Evaluation for VLDL:

CALCULATED VALUE (TRIG/5)

SERUM	10/23	Reference
	2001	
	14:54	Units Ranges

GLUCOSE	88.0	mg/dL	73-112
BUN	7	mg/dL	5-21
CREAT	0.9	mg/dl	.6-1.4
NA	140.4	meq/L	135-145
K	4.0	meq/L	3.5-5
CL	105.1	meq/L	97-109
CO2	28.5	MMOL/L	22-31
ANI GAP		meq/L	6-20
CAL OSM		mOsm/L	275-300
AMYLASE		IU/L	30-110
LIPASE		IU/L	0-208
CA	10.5 H	mg/dL	8.4-10.2
PO4	2.8	mg/dL	2.5-4.5
MG		mg/dl	1.7-2.2
VLDL		MG/DL	0-30
CHOL	170	mg/dL	120-200
TRIGLYC		mg/dL	48-192
HDL		mg/dl	34.9
LDL		mg/dl	0-129
URIC AC		mg/dL	3.5-8.5
PROTEIN	8.6 H	g/dl.	6.2-8.2
ALBUMIN	5.0	g/dL	3.4-5
SGOT		U/L	15-46
SGPT		U/L	7-56
LDH		U/L	313-618
ALK PHO	42	U/L	38-126
CPK		U/L	37-289
CKMB		U/L	0-10
TROP-I		ng/mL	0-2
G-GTP		U/L	8-78
T. BIL	0.8	mg/dL	.2-1.3
D BILI		mg/dL	0-.4
I. BILI		MG/DL	.2-.9
ACID PH		U/L	1.9-3.9
PA.PHOS		ng/mL	0-1.4
OSMOLAR		mOsm/kg	270-310

Comments: a

a. *** For test CREAT Normals: 0.6-1.4 ***

*** For test K Normals: 3.5-5.0 ***

*** For test ALBUMIN Normals: 3.4-5.0 ***

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Lab Result

Jan 27, 2005

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---- CHEMISTRY-II ----

SERUM	05/08 2003 23:30	10/23 2001 14:54	Units	Reference Ranges
-------	------------------------	------------------------	-------	---------------------

CK			IU/L	12-249
CKMB			ng/mL	0-10
%CKMB			%	0-5
SGOT~	22	17	IU/L	7-41
LDH~			IU/L	93-181
GGT			IU/L	2-30
AMYLASE	52		IU/L	23-134
URIC AC		4.8	mg/dl	2.5-8.6

Comments: a

a. TEST/TESTS REPEATED & CONFIRMED NBP

Evaluation for AMYLASE:

NEW REFERENCE RANGE EFFECTIVE: 3-19-96

---- SURGICAL PATHOLOGY ----

Date Spec taken: Aug 21, 2003	Pathologist: YVAN J FRANCILLON MD
Date Spec rec'd: Aug 21, 2003 13:31	Resident:
Date completed: Aug 22, 2003	Accession #: SPMTG 03 1676
Submitted by: TAI Q CHUNG MD	Practitioner: TAI Q CHUNG MD

Specimen:

right knee shavings

Brief Clinical History:

Internal derangement (R) knee.

Preoperative Diagnosis:

Same.

Operative Findings:

Same.

Postoperative Diagnosis:

Same.

Gross description:

The specimen is received in a single container of formalin labeled with patient's name, social security number and designated as right knee shavings. The specimen consists of irregular fragments of yellow-white shavings measuring in aggregate 3.0 x 1.5 x 1.0 cm. The specimen was in a white sac. Representative sections are submitted in 1 block.

Microscopic exam/diagnosis: (Date Spec taken: Aug 21, 2003)

Sections show fibrofatty tissue and cartilage with degenerating changes, granulation tissue and synovial hyperplasia.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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DIAG: Right knee, shavings: Degenerating changes, granulation tissue formation and focal synovial hyperplasia.

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=====

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Immunization

Jan 27, 2005

Immunization type: FLU WHOLE
Date given: OCT 30, 2003 @ 11:00
Reaction described:

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Immunization type: FLU WHOLE
Date given: SEP 03, 2003 @ 08:3
Reaction described:

Immunization type: FLU WHOLE
Date given: JAN 09, 2002 @ 13:00
Reaction described:

Immunization type: PNEUMO-VAC
Date given: JUL 22, 2002 @ 11:00
Reaction described:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

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Order Information

To Service: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 From Service: M-DR JOSHI-YELLOW TEAM WC 2
 Requesting Provider: JOSHI, RUPEN S
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Within 1 mo
 Orderable Item: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: ch backache

Reason For Request:**Service Connected Disabilities:**

LIMITED EXTENSION OF KNEE 30% SC
 LUMBOSACRAL OR CERVICAL STRAIN 40% SC
 LIMITED EXTENSION OF KNEE 40% SC
 LIMITED MOTION OF ARM 20% SC
 ASTHMA, BRONCHIAL 0% SC
 MIGRAINE HEADACHES 0% SC

ch low back pain mri 5/04 l5-s1 desiccation with
 intermittent numbness, pt needs evaluation by rehab and
 d ncv due to intermittent weakness, pain with numbness
 for this young pt do not cancell his appointment and
 schedule and notify about his appointment.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	11/30/04 10:56	JOSHI, RUPEN S	JOSHI, RUPEN S
PRINTED TO	11/30/04 10:56		
REHAB MEDICINE PR			
SCHEDULED	11/30/04 11:12	KEPPEL, BEVERLEY J	KEPPEL, BEVERLEY J
12/19@10			
COMPLETE/UPDATE	12/29/04 11:30	LAIPRASERT, JIRAPU	LAIPRASERT, JIRAPU
Note# 4889582			

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
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Consult Request

Jan 27, 2005

Note: TIME ZONE is local if not indicated

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TITLE: PM&RS CONSULT
 DATE OF NOTE: DEC 29, 2004@11:29 ENTRY DATE: DEC 29, 2004@11:29:56
 AUTHOR: LAIPRASERT,JIRAPUN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

see #44251

/es/ JIRAPUN LAIPRASERT
 PHYSICIAN/PM&R MANAGER
 Signed: 12/29/2004 11:30

=====

===== END =====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: EMG (OUTPT) MONTGOMERY
 From Service: M-DR JOSHI-YELLOW TEAM WC 2
 Requesting Provider: JOSHI,RUPEN S
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Within 1 mo
 Orderable Item: EMG (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: radiculopathy
 Reason For Request:
 Service Connected Disabilities:
 LIMITED EXTENSION OF KNEE 30% SC
 LUMBOSACRAL OR CERVICAL STRAIN 40% SC
 LIMITED EXTENSION OF KNEE 40% SC
 LIMITED MOTION OF ARM 20% SC
 ASTHMA,BRONCHIAL 0% SC
 MIGRAINE HEADACHES 0% SC

ch back pain - numbness in both leg s radiatin g ot lower
 legs with spasms

Inter-facility Information

This is not an inter-facility consult request.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

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Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	11/30/04 10:56	JOSHI, RUPEN S	JOSHI, RUPEN S
PRINTED TO	11/30/04 10:56		
REHAB MEDICINE PR			
SCHEDULED	11/30/04 11:13	KEPPEL, BEVERLEY J	KEPPEL, BEVERLEY J
1/5@2			
COMPLETE/UPDATE	01/05/05 14:53	LAIPRASERT, JIRAPU	LAIPRASERT, JIRAPU
Note# 4908270			

Note: TIME ZONE is local if not indicated

TITLE: EMG CONSULT
 DATE OF NOTE: JAN 05, 2005@14:52 ENTRY DATE: JAN 05, 2005@14:52:35
 AUTHOR: LAIPRASERT, JIRAPUN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

see report

/es/ JIRAPUN LAIPRASERT
 PHYSICIAN/PM&R MANAGER
 Signed: 01/05/2005 14:53

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: EKG-OUTPT/MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: EKG-OUTPT/ALL OTHERS
 Procedure: EKG-OUTPT/ALL OTHERS

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
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Consult Request

Jan 27, 2005

Provisional Diagnosis: hx GERD

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Reason For Request:

32 yr old w/intermittent chest pain and numbness in left arm, lasting about 30 min, usually occurring when sitting. Had similar problem when stationed in Germany in 2001; hospitalized and had workup; only told he had an abnormal EKG. For past couple of months has been having similar type pain.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	06/28/04 16:31	BELL, KAREN J	BELL, KAREN J
PRINTED TO CPU-16	06/28/04 16:31		
COMPLETE/UPDATE	06/28/04 16:42	WEAVER, JOHN T	WEAVER, JOHN T
Note# 4334046			

Note: TIME ZONE is local if not indicated

TITLE: EKG

DATE OF NOTE: JUN 28, 2004@16:42:46 ENTRY DATE: JUN 28, 2004@16:42:46

AUTHOR: WEAVER, JOHN T

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

DONE

/es/ JOHN T WEAVER

Signed: 06/28/2004 16:42

=====

===== END =====

Current PC Provider: BELL, KAREN J
Current PC Team: YELLOW TEAM
Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: BMG (OUTPT) MONTGOMERY
From Service: M-K BELL NP-YELLOW TEAM WC 2

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

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Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: EMG (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: bilateral intermitt numbness both LEs
 Reason For Request:
 32 yr old w recent MRI of LS spine: mild desiccation at L5-S1. Reports back spasms and frequent numbness, tingling of both LEs from hips to toes which occurs simultaneously; with the spasm states can feel change in sensation going down legs. Only occurs when having spasm. Please do EMG of LEs. Pt aware needles are involved and is agreeable to same.

Inter-facility Information

This is not an inter-facility consult request.

Status: CANCELLED
 Last Action: CANCELLED

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	06/28/04 16:31	BELL, KAREN J	BELL, KAREN J
PRINTED TO	06/28/04 16:31		
REHAB MEDICINE PR			
SCHEDULED	07/08/04 11:04	KEPPEL, BEVERLEY J	KEPPEL, BEVERLEY J
8/9@3			
CANCELLED	10/01/04 15:29	LAIPRASERT, JIRAPU	LAIPRASERT, JIRAPU
ns			

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

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Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Today
 Orderable Item: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: Back Pain (724.5)
 Reason For Request:
 The veteran or responsible person

_____ has received training on the prosthetic item as indicated below:

_____ has not received training on the prosthetic item as indicated below:

General Equipment Training Certification

Type of Equipment:

Name of Person Receiving Orientation:

Name of Person Providing Orientation:

This patient or the responsible person identified above has been trained

and certified competent to safely and effectively perform the functions

associated with the aspect of the above listed equipment. A manufacturer's

Handbook and/or Patient Education Materials were provided.

32 yr old w/back pain; possible herniated disc. Please issue lightweight back corset. Thank you.

(Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

ISSUING INSTRUCTIONS:

☒ VETERAN WILL PICK UP

☐ WARD/CLINIC PERSONNEL WILL PICKUP

☐ DELIVERY LOCATION

FOR (INPATIENT) - ESTIMATED DISCHARGE DATE:

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Facility

Activity

Date/Time/Zone

Responsible Person Entered By

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Consult Request

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 CPRS RELEASED ORDER 05/19/04 10:38 BELL, KAREN J BELL, KAREN J
 PRINTED TO 05/19/04 10:38
 PROSTHETIC UTILIT
 COMPLETE/UPDATE 05/19/04 12:06 HARWELL, AUDWIN D HARWELL, AUDWIN D
 Fit corset

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: ORTHOPEDICS (OUTPT) MONTGOMERY
 Attention: CHUNG, TAI Q
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: ORTHOPEDICS (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: chronic knee pain
 Reason For Request:

Knee: pt seen by Dr. Chung in Nov concerning knee: pt was unaware of f/u in 3 wks. Continues to have knee pain; is tolerable; has knee brace, uses ice and elevates it. Had last knee surgery 8/03.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	05/19/04 10:35	BELL, KAREN J	BELL, KAREN J
PRINTED TO	05/19/04 10:35		
SURGERY CLINIC 10			
SCHEDULED	05/21/04 09:55	HEARD, LINDA A	HEARD, LINDA A

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Consult Request

Jan 27, 2005

COMPLETE/UPDATE
see6-15-04 ortho note

06/30/04 13:54

FERGUSON, LINDA

FERGUSON, LINDA
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Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: SPECIALTY REFERRAL CONSULT
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: SPECIALTY REFERRAL CONSULT
 Consult: Consult Request
 Provisional Diagnosis: back pain
 Reason For Request:
 32 yr old w/increased back pain; CT report today indicated possible
 central disc protrusion at L5/S1.

MRI of LS spine requested

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	05/05/04 15:55	BELL, KAREN J	BELL, KAREN J
FORWARDED FROM	05/05/04 16:20	WITTER, FRANK E	WITTER, FRANK E
MRI-SPINE			
approved			
PRINTED TO T-ADP1	05/05/04 16:20		
SCHEDULED	05/06/04 09:23	PAYNE-FINLEY, SHAR	PAYNE-FINLEY, SHAR

Referred to Mulberry Diagnostic on 5-28-04 @ 1:30p.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

VISTA Electronic Medical Documentation

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Consult Request

Jan 27, 2005

COMPLETE/UPDATE 06/07/04 07:33
results received and indexed

SIMMONS, GAYLENE

SIMMONS, GAYLENE **180**

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
Current PC Team: YELLOW TEAM
Current Pat. Status: Outpatient
Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
From Service: M-K BELL NP-YELLOW TEAM WC 2
Requesting Provider: BELL, KAREN J
Service is to be rendered on an OUTPATIENT basis
Place: Consultant's choice
Urgency: Next available
Orderable Item: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
Consult: Consult Request
Provisional Diagnosis: back pain
Reason For Request:
32 yr old w/chronic back pain (has been seen by your clinic concerning knee) which is worsening. Seen in LSU in March; currently on Voltaren and ultram; states ultram no longer controlling pain. X-ray ordered today and CT of spine requested. Please evaluate for any possible interventions you can offer. thank you.

Inter-facility Information

This is not an inter-facility consult request.

Status: CANCELLED
Last Action: CANCELLED

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	04/30/04 11:58	BELL, KAREN J	BELL, KAREN J
PRINTED TO	04/30/04 11:58		
REHAB MEDICINE PR			
SCHEDULED	05/05/04 13:59	KEPPEL, BEVERLEY J	KEPPEL, BEVERLEY J

6/17@915

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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419087667

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Consult Request

Jan 27, 2005

ADDED COMMENT 05/19/04 10:01 BELL, KAREN J BELL, KAREN J
 scheduled for MRI 5/28; continues to have intermittent numbness, tingling
 in legs

CANCELLED 10/04/04 11:55 STEPHENS, JANICE E STEPHENS, JANICE E
 Per Dr. Lai

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: ORTHOPEDICS (OUTPT) MONTGOMERY
 Attention: CHUNG, TAI Q
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: ORTHOPEDICS (OUTPT) MONTGOMERY
 Consult: Consult Request

Reason For Request:

31 yr old w/surgery 8/21/03 for medial menisectomy. For past several
 wks pain in knee has increased. Ice & massage helping but pain remains
 constant. States feels like pain inside of knee; tender to palpation on
 medial side (R) knee. Please evaluate. Thank you.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	10/30/03 12:08	BELL, KAREN J	BELL, KAREN J
PRINTED TO	10/30/03 12:08		
SURGERY CLINIC 10			
SCHEDULED	10/31/03 13:41	FERGUSON, LINDA	FERGUSON, LINDA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

COMPLETE/UPDATE 12/10/03 11:45 FERGUSON, LINDA FERGUSON, LINDA
 SEE ORTHO NOTE 11/25/03

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Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 From Service: M-ORTHOPEDICS (DR. CHUNG)
 Requesting Provider: CHUNG, TAI Q
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: internal derangement right knee
 Reason For Request:
 S/p right knee arthroscopy and medial menisectomy. Please give patient
 P.T. for range and muscle strengthening 3x/wk for 3-4 weeks.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	09/02/03 09:07	CHUNG, TAI Q	CHUNG, TAI Q
PRINTED TO	09/02/03 09:07		
REHAB MEDICINE PR			
COMPLETE/UPDATE	09/02/03 15:49	BONNETT, DANNY L	BONNETT, DANNY L
Note# 3390542			

Note: TIME ZONE is local if not indicated

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

TITLE: PM&RS CONSULT
 DATE OF NOTE: SEP 02, 2003@15:42:28 ENTRY DATE: SEP 02, 2003@15:42:28
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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MR.WORKS IS WELL KNOWN TO THIS WRITER AND HAD PRE-OP STRENGTHENING EXERCISE FOR RT KNEE. HE HAD RT KNEE ARTHROSCOPY AND MEDIAL MENIESECTOMY ON 8-21-03 AND WILL NOW BE SEEN FOR OUTPATIENT THERAPY 3X WEEKLY FOR 3-4 WEEKS.HE WILL BE SEEN FOR ROM AND STRENGTHENING EXERCISES TO RT KNEE.

/es/ DANNY L. BONNETT
 KINESIOTHERAPIST
 Signed: 09/02/2003 15:49

===== END =====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 From Service: M-AMBULATORY SURGERY
 Requesting Provider: CHUNG,TAI Q
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: right knee internal derangement
 Reason For Request:
 S/p right knee arthroscopy. Please give him gait training, crutches, weight bearing as tolerated on right.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/21/03 08:16	CHUNG,TAI Q	CHUNG,TAI Q
PRINTED TO	08/21/03 08:16		
REHAB MEDICINE PR			

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

COMPLETE/UPDATE 08/21/03 15:36 BONNETT,DANNY L BONNETT,DANNY L
 Note# 3361605 193

Note: TIME ZONE is local if not indicated

TITLE: PM&RS CONSULT
 DATE OF NOTE: AUG 21, 2003@15:30:24 ENTRY DATE: AUG 21, 2003@15:30:25
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

MR.WORKS WAS INSTRUCTED IN AMBULATION WITH BILATERAL AXILLARY CRUTCHES WHEN SEEN 8-20-03 AND HE WAS INSTRUCTED TO AMBULATE WITH PWB TO TOLERANCE ON RT FOOT.HE WAS ALSO INSTRUCTED HOW TO ASCEND/DESCEND STEPS WITH CRUTCHES.SAFETY PRECAUTIONS WERE REVIEWED.THE CRUTCHES WERE ISSUED AT BEDSIDE TODAY POST-OP AND HE REMAINS INDEPENDENT IN AMBULATION WITH CRUTCHES.

/es/ DANNY L. BONNETT
 KINESIOTHERAPIST
 Signed: 08/21/2003 15:36

===== END =====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: EKG-OUTPT/MONTGOMERY
 From Service: M-AMBULATORY SURGERY
 Requesting Provider: CHUNG,TAI Q
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: EKG PREOP/OUTPATIENT
 Procedure: EKG PREOP/OUTPATIENT
 Reason For Request:
 PRE-OP EKG; PATIENT SCHEDULED FOR SURGERY ON:08-21-03

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

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Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	08/21/03 07:28	CHUNG,TAI Q	YOUNG,MARY E
PRINTED TO CPU-16	08/21/03 07:28		
COMPLETE/UPDATE	08/25/03 00:25	DUBOSE,WILDS S II	DUBOSE,WILDS S II
Note# 3366893			

Note: TIME ZONE is local if not indicated

TITLE: EKG
 DATE OF NOTE: AUG 25, 2003@00:24:19 ENTRY DATE: AUG 25, 2003@00:24:20
 AUTHOR: DUBOSE,WILDS S III EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

COMPLETED

/es/ SCOTT DUBOSE,BS,RRT,CRTT
 REGISTERED RESPIRATORY THERAPIST
 Signed: 08/25/2003 00:24

=====

END =====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL,KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: PHYSICAL MED & REHAB (OUTPT) MONTGOMERY
 Consult: Consult Request

Reason For Request:

31 yr old w/hx of bilateral knee surgery. About 3 wks ago knee gave way at work & pt fell; states multiple episodes of right knee giving way. Has been to ortho clinic and surgery discussed but pt does not want at this time. Hinged right knee brace ordered today. Please evaluate pt's condition and initiate any possible interventions that may improve/maintain condition. Currently on Voltaren & ultram, but not as

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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effective as when initiated. Ultram increased today. Thank you.

195**Inter-facility Information**

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	07/16/03 15:23	BELL, KAREN J	BELL, KAREN J
PRINTED TO	07/16/03 15:23		
REHAB MEDICINE PR			
SCHEDULED	07/17/03 08:28	KEPPEL, BEVERLEY J	KEPPEL, BEVERLEY J
8.7@1030			
INCOMPLETE RPT	08/08/03 15:07	ENG, JEFFREY K	KEPPEL, BEVERLEY J
Note# 3324098			
COMPLETE/UPDATE	08/12/03 10:57	ENG, JEFFREY K	ENG, JEFFREY K
Note# 3324098			

Note: TIME ZONE is local if not indicated

TITLE: PM&RS CONSULT
 DATE OF NOTE: AUG 07, 2003@12:00 ENTRY DATE: AUG 08, 2003@15:07:18
 AUTHOR: ENG, JEFFREY K EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

The patient is a 31-year-old male with history of bilateral knee pain since 1999; he has had bilateral arthroscopic surgery. The patient is scheduled to have arthroscopic surgery on August 21, 2003. He presents for evaluation of his knees. The patient recently received a right knee brace and currently is taking Volatren and Ultram with good relief of the pain. He presents for evaluation of physical therapy to improve his quadriceps strength and to improve the strength in anticipation of therapy.

On physician exam, his knees active range of motion is within functional limits. His left knee has no crepitus or effusion noted. His right knee currently has a brace. The brace is slipped below his patella. He has a mild right knee crepitus. His gait appears within normal limits and non-antalgic.

IMPRESSION: Bilateral knee pain, anticipation for right knee arthroscopic surgery for repair of cartilage.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Consult Request

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The patient will attend kinesiotherapy for quadriceps and hamstring strengthening exercises as well as stationary bicycling for endurance. He will then receive the arthroscopic surgery and it will be up to the orthopedic surgery if he is to continue therapy.

/es/ JEFFREY K ENG

Physiatrist

Signed: 08/12/2003 10:57

=====

END

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Today
 Orderable Item: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: Pain in joint involving lower leg (719.46)
 Reason For Request:
 The veteran or responsible person

_____ has received training on the prosthetic item as indicated below:

_____ has not received training on the prosthetic item as indicated below:

General Equipment Training Certification

Type of Equipment:

Name of Person Receiving Orientation:

Name of Person Providing Orientation:

This patient or the responsible person identified above has been trained

and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's

Handbook and/or Patient Education Materials were provided.

Please measure & issue pt hinged knee brace. Hx knee giving way

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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 419087667

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multiple times last several wks; previous arthroscopy.

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(Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

ISSUING INSTRUCTIONS:

- ☒ VETERAN WILL PICK UP
☐ WARD/CLINIC PERSONNEL WILL PICKUP
☐ DELIVERY LOCATION

FOR (INPATIENT) - ESTIMATED DISCHARGE DATE:

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: ADDED COMMENT

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	07/16/03 15:23	BELL, KAREN J	BELL, KAREN J
PRINTED TO	07/16/03 15:23		
PROSTHETIC UTILIT			
COMPLETE/UPDATE	07/16/03 16:28	HARWELL, AUDWIN D	HARWELL, AUDWIN D
Fit knee support DeRoyal 14630007 large			
ADDED COMMENT	07/17/03 09:41	HARWELL, AUDWIN D	HARWELL, AUDWIN D
Order info > David			
ADDED COMMENT	07/18/03 10:32	PAYNE, DAVID L	PAYNE, DAVID L
PO FOR CONSIGNMENT			
ADDED COMMENT	09/06/03 13:00	NUNLEY, BERNARD L	NUNLEY, BERNARD L
CRUTCHES			
ADDED COMMENT	12/08/03 08:17	NUNLEY, BERNARD L	NUNLEY, BERNARD L
cane rehab			

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

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Order Information

To Service: ORTHOPEDICS (OUTPT) MONTGOMERY
 Attention: CHUNG, TAI Q
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: ORTHOPEDICS (OUTPT) MONTGOMERY
 Consult: Consult Request

Reason For Request:

30 yr old seen in Feb; arthroscopy of left knee was discussed and pt agreed to have, surgery done on left knee in 2000. (had surgery on right knee in '99). Family situation developed and pt cancelled. Situation has been resolved. Continues to have problems w/knee, even using brace knee will sometimes give way.

Also would like to be evaluated for a different type of brace.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	12/31/02 15:02	BELL, KAREN J	BELL, KAREN J
PRINTED TO	12/31/02 15:02		
SURGERY CLINIC 10			
RECEIVED	12/31/02 16:14	COLLUM, ELIZABETH	COLLUM, ELIZABETH
SCHEDULED	01/09/03 10:33	FERGUSON, LINDA	FERGUSON, LINDA
COMPLETE/UPDATE	04/07/03 15:08	FERGUSON, LINDA	FERGUSON, LINDA

see ortho note 2/18/03

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Primary Eligibility: SERVICE CONNECTED 50% to 100%

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Order Information

To Service: EKG-INPT/MONTGOMERY
 From Service: M-AMBULATORY SURGERY
 Requesting Provider: CHUNG, TAI Q
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: ELECTROCARDIOGRAM
 Procedure: ELECTROCARDIOGRAM
 Provisional Diagnosis: RT. KNEE ARTHROSCOPY
 Reason For Request: PRE-OP

Inter-facility Information

This is not an inter-facility consult request.

Status: CANCELLED

Last Action: CANCELLED

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	02/27/02 15:38	CHUNG, TAI Q	JAMES, SHARON D
PRINTED TO	02/27/02 15:38		JAMES, SHARON D
CARDIO-PULMONARY			
CANCELLED	07/16/02 23:23	FREY, LEILA H	FREY, LEILA H
NOT COMPLETED			

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J

Current PC Team: YELLOW TEAM

Current Pat. Status: Outpatient

Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
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Consult Request

Jan 27, 2005

Urgency: Today
 Orderable Item: PROSTHETICS REQUEST (OUTPT) MONTGOMERY
 Consult: Consult Request
 Provisional Diagnosis: Asthma, unspecified type, without mention of status
 asthmaticus or acute exacerb

200

Reason For Request:
 The veteran or responsible person

_____ has received training on the prosthetic item as indicated
 below:

_____ has not received training on the prosthetic item as indicated
 below:

General Equipment Training Certification

Type of Equipment:

Name of Person Receiving Orientation:

Name of Person Providing Orientation:

This patient or the responsible person identified above has been
 trained

and certified competent to safely and effectively perform the functions
 associated with the aspect of the above listed equipment. A
 manufacturer's

Handbook and/or Patient Education Materials were provided.

Pt new to pc; dx w/asthma 2 yrs ago; no peak flow meter. Please issue
 meter and send resp therapy or YT nurse for instruction in use.

(Describe PROSTHETIC APPLIANCE or REPAIR above LINE)

ISSUING INSTRUCTIONS:

☒ VETERAN WILL PICK UP

☐ WARD/CLINIC PERSONNEL WILL PICKUP

☐ DELIVERY LOCATION

FOR (INPATIENT) - ESTIMATED DISCHARGE DATE:

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	01/09/02 15:52	BELL, KAREN J	BELL, KAREN J
PRINTED TO	01/09/02 15:52		BELL, KAREN J
PROSTHETIC UTILIT			

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Consult Request

Jan 27, 2005

COMPLETE/UPDATE 01/11/02 16:13 MEKCHINDA, CHAIVUT MEKCHINDA, CHAIVUT
 Issued. 201

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: OPTOMETRY (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: OPTOMETRY (OUTPT) MONTGOMERY
 Consult: Consult Request

Reason For Request:

29 yr old pt new to pc; wears reading glasses. Notes vision changes.
 Please evaluate. Thank you.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	01/09/02 14:31	BELL, KAREN J	BELL, KAREN J
PRINTED TO T-EYE10	01/09/02 14:32		BELL, KAREN J
SCHEDULED	02/06/02 14:12	PERDUE, DURWOOD L	PERDUE, DURWOOD L
INCOMPLETE RPT	05/17/02 12:14	BANNISTER, JOHNNY	BANNISTER, JOHNNY
Note# 2183019			
COMPLETE/UPDATE	05/17/02 12:54	BANNISTER, JOHNNY	BANNISTER, JOHNNY
Note# 2183019			

Note: TIME ZONE is local if not indicated

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
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Consult Request

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TITLE: OPTOMETRY CONSULT
 DATE OF NOTE: MAY 17, 2002@12:13 ENTRY DATE: MAY 17, 2002@12:13:55
 AUTHOR: BANNISTER,JOHNNY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

see optometry note 020517

/es/ JOHNNY BANNISTER
 STAFF OPTOMETRIST
 Signed: 05/17/2002 12:54

===== END =====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: ORTHOPEDICS (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL,KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Next available
 Orderable Item: ORTHOPEDICS (OUTPT) MONTGOMERY
 Consult: Consult Request

Reason For Request:

29 yr old male new to pc; brings report & cy of mri 11/16/01. + for degenerative signals in both menisci of left, and a grade III tear of the posterior horn of the medial meniscus w/small effusion on the right. Hx of prior surgery both knees. Please evaluate.

Pt will bring cy of MRI and reports to visit.

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	01/09/02 14:31	BELL,KAREN J	BELL,KAREN J
PRINTED TO	01/09/02 14:32		BELL,KAREN J

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Consult Request

Jan 27, 2005

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SURGERY CLINIC 16			
SCHEDULED	01/17/02 09:57	PERDUE, DURWOOD L	PERDUE, DURWOOD L
COMPLETE/UPDATE	02/05/02 10:18	CHUNG, TAI Q	CHUNG, TAI Q
Note# 1923277			

Note: TIME ZONE is local if not indicated

TITLE: ORTHOPEDIC CONSULT	
DATE OF NOTE: FEB 05, 2002@10:08	ENTRY DATE: FEB 05, 2002@10:08:21
AUTHOR: CHUNG, TAI Q	EXP COSIGNER:
URGENCY:	STATUS: COMPLETED

29 yo man has bilateral knee pain for sseveral knee. Had athroscopy surgy in right knee 1999 and left knee in Nov 2000. Had persistent pain after surgeries. Right worse. Has some swelling, clicking, some giving. Exam: Both knees ahve minimal effusions. Tender at medial joint lines bialterally 0 to 120 degrees of flexion. No instability MRI11/16/01: grade 2 tear of posterior horn of medial meniscus right knee; degenerative signal s in both menisci, no definite tear IMP; Possible meniscus injuries P: Discuss arthroscopy of right knee with menisectomy and debridement. Risks include anesthesia, infeciton, neurovascular damage, incomplete resolution and return of function in the knee, especially since this would be the second time he has surgery on this knee. He understands and wishes to proceed.

/es/ TAI Q CHUNG, MD
physician
Signed: 02/05/2002 10:18

=====

===== END =====

Current PC Provider:	BELL, KAREN J
Current PC Team:	YELLOW TEAM
Current Pat. Status:	Outpatient
Primary Eligibility:	SERVICE CONNECTED 50% to 100%

Order Information

To Service:	PULMONARY (OUTPT) MONTGOMERY
From Service:	M-K BELL NP-YELLOW TEAM WC 2
Requesting Provider:	BELL, KAREN J
Service is to be rendered on an OUTPATIENT basis	
Place:	Consultant's choice
Urgency:	Next available
Orderable Item:	PULMONARY (OUTPT) MONTGOMERY

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
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Consult Request

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Consult: Consult Request
 Provisional Diagnosis: Asthma, unspecified type, without mention of status asthmaticus or acute exacerbation 204

Reason For Request:

REASON FOR CONSULT: BRIEFLY STATE SYMPTOMS:

29 yr old AA male new to PC. Dx w/asthma while in Germany early 2000. No exacerbations that have required hospitalization. Pt is on Serevent and would like to get it through VA. Please evaluate. Peak air flow meter and spirometry ordered today

Provisional diagnosis, please check with (x) and schedule appropriate test prior to scheduling pulmonary clinic appointment

Obstructive diseases:	Test
() COPD	() spirometry, pre/post bronchodilator; CXR within last 1 yr
() Asthma	(X) spirometry, pre/post bronchodilator, CXR within last 1 yr
() Bronchiectasis -	() spirometry, pre/post bronchodilator, lung volumes, DL, CXR /CT chest with contrast within last 1 yr

Restrictive diseases:	
() Sarcoidosis	() spirometry, lung volumes, DL; recent CXR
() Pulm. fibrosis	() spirometry with lung volumes, DL; recent CXR
() Asbestosis	() spirometry with lung volumes, DL; recent CXR
() Other interstitial lung disease	() spirometry with lung volumes, DL; recent CXR
() Lung mass	() CXR and recent CT chest with contrast.
() Asthma CXR done in Oct 01	(X) spirometry, pre/post bronchodilator, CXR within last 1 yr
() Bronchiectasis -	() spirometry, pre/post bronchodilator, lung volumes, DL, CXR /CT chest with contrast within last 1 yr

Restrictive diseases:

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Consult Request

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☐ Sarcoidosis ☐ spirometry, lung volumes, DL; recent CXR
☐ Pulm. fibrosis ☐ spirometry with lung volumes, DL; recent CXR
☐ Asbestosis ☐ spirometry with lung volumes, DL; recent CXR
☐ Other interstitial lung disease
 ☐ spirometry with lung volumes, DL; recent CXR

☐ Lung mass ☐ CXR and recent CT chest with contrast.

☐ Sleep disorder

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Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: ADDENDUM ADDED TO

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	01/09/02 14:31	BELL, KAREN J	BELL, KAREN J
PRINTED TO	01/09/02 14:31		BELL, KAREN J
SPEC CLINIC PRINT			
SCHEDULED	01/15/02 15:39	BRASCOM, MONSHERRI	BRASCOM, MONSHERRI
03/27/02			
COMPLETE/UPDATE	03/27/02 11:20	CHOWDHURI, SUSMITA	CHOWDHURI, SUSMITA
Note# 2049082			
ADDENDUM ADDED TO	04/18/02 18:17	CHOWDHURI, SUSMITA	CHOWDHURI, SUSMITA
Note# 2049082			

Note: TIME ZONE is local if not indicated

TITLE: PULMONARY CONSULT
 DATE OF NOTE: MAR 27, 2002@11:20 ENTRY DATE: MAR 27, 2002@11:20:12
 AUTHOR: CHOWDHURI, SUSMITA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** PULMONARY CONSULT Has ADDENDA ***

MILD ASTHMA
 USE PEAKFLOW- D/W PT
 SEREVENT , ALBUTEROL, AEROBID D/W PT
 USE SPACER
 GET OLD RECORDS AND FILMS,

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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RTC 6M

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/es/ SUSMITA CHOWDHURI, MD
PULMONOLOGIST
Signed: 03/27/2002 11:20

04/18/2002 ADDENDUM

STATUS: COMPLETED

CONSULT FOR ASTHMA

30-YM DX WITH ASTHMA @ GERMANY 2000. AFTER HE DEVELOPED SINUS CONGESTION AND WHEEZING. PFT- MILD ASTHMA PER PT. WAS BEGUN ON SEREVENT /ALBUTEROL. NOTED SOB /CHEST TIGHTNESS ON CLIMBING STAIRS, 'OVEREXERTION' / MDI HELPED. NO

H/O CHILDHOOD ASTHMA,
+ FHx OF ASTHMA- COUSIN, DAUGHTER.

MOVED TO AL 9/01. CURRENTLY DOING WELL, EXERCISE TOLERANCE- SOB ON CLIMBING 3 FLIGHTS. CAN CLIMB MORE STAIRS NOW THAN WHEN HE WAS DXED WITH ASTHMA. L. SYMPTOMS STABLE. H/O 'FLU 1 Y AGO, WAS ON STEROIDS THEN. PF APPROX 400, NO ER VISITS FOR ASTHMA.

NO SIG COUGH, WHEEZING.

TRIGGERS: COLD AIR, SINUSITIS, POLLEN, EXERCISE. - SNEEZING X 15 SECONDS, DUST AND CHEMICALS CAUSE CHOKING.

NO NOCTURNAL SOB.

NO ORTHOPNEA, PND, CP, LEG EDEMA

OCCASIONAL COUGH, WHITE SPUTUM

NO GERD

-

PMX

AS ABOVE,

PPD-VE

KNEE SURGERY, RHINITIS

MEDS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ETODOLAC 200MG (LODINE) CAP TAKE TWO CAPSULES BY MOUTH TWICE A DAY FOR ARTHRITIS WITH FOOD FOR ARTHRITIS PAIN	ACTIVE
2) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
3) FLUNISOLIDE (NASALIDE) NASAL INHALER INHALE 2 PUFFS IN EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
4) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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TWICE A DAY (SHAKE WELL BEFORE USING)
5) SPACER DEVICE WITH CHAMBER USE WITH ORAL METERED DOSE ACTIVE
INHALERS BY MOUTH FOUR TIMES A DAY

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ALBUTEROL 2-3 /X D SEREVENT 2 BID
NO INHALED STEROIDS

ROS
DENIES POST NASAL DRIP/ GERD
CP IN GERMANY EST NL PER PT.

NO PETS

SX
NEVER SMOKED, ETOH OCCASIONAL
OCCUP- 'STOCK CLERK'; IN ARMY AND RSA

O/E
VSS SAO2 99RA, NAD
HENT NO JVD/LN/EXUDATES
NOT USING ACCESSORY MUSCLES OF RESPIRATION
LUNGS CLEAR
CARDIAC S1S2 NL
ABD SOFT, NT, NO HSM, BS+
EXT NO CYANOSIS/CLUBBING/EDEMA

PFT SPIROMETRY SUGGEST RESTRICTION, FEV1 72%, FEV1/FVC 86%
LUNG VOL/DL NOT DONE; NO SIG BRONCHODIL RESPONSE

CXR
NL

A/P
MILD ASTHMA
USE PEAKFLOW- D/W PT
SEREVENT , ALBUTEROL, AEROBID D/W PT
USE SPACER
GET OLD RECORDS AND FILMS,
RTC 6M
GET PFT, LUNG VOL, DL
KEEP ENVIRONMENT CLEAN
USE SPACER, MDI USE D/W PT.
MONITOR PEAKFLOWS, ASTHMA SELF MANAGEMENT TECHNIQUES D/W PT

/es/ SUSMITA CHOWDHURI, MD

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

PULMONOLOGIST

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Signed: 04/18/2002 18:17

=====

===== END =====

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Health Summary

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01/27/2005 10:14

***** CONFIDENTIAL C&P EXAM SUMMARY pg. 1 *****
 WORKS, TYRON 419-08-7667 DOB: 02/06/1972

----- CP - Comp. & Pen. Exams -----

06/01/2004 FEET

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

REQUESTED EXAMINATION: Feet.

DATE OF EXAMINATION: June 1, 2004.

REVIEW OF MEDICAL RECORDS: The claimant's file was not available for review prior to the examination.

MEDICAL HISTORY: The patient states that he injured his left foot in the military while playing company sports in 1995 or 1996 when someone stepped on his foot, and his left ankle turned. He states that he sustained a bad sprain of his left ankle. The patient states that he was seen on sick call that same day and he was placed in a splint, given pain medicines, and followed in physical therapy three times a week for three months. The patient states he was seen on sick call four or five times from the time he first was injured until he was discharged from the service due to stiffness in his ankle and foot. He states that the treatment consisted of pain medications, soaking his foot, and then from exercise therapies. The patient states that he has pain in his left foot and ankle. The pain is sharp and constant with a pain level of 9/10. This occurs two times a month and lasts for one to two days. He states that he takes hydrocodone 5/acetaminophen 500 mg one tablet twice a day which reduces the pain, and he has no side affects from the medications. He also admits to having weakness, stiffness, fatiguability, and lack of endurance of his knee. He denies having any swelling, heat, or redness of his foot or ankle. He states that he has increased pain in his foot and ankle with prolonged standing and walking. The patient states that he has no appearance or flare-up of his joint disease. The patient states that he uses a cane occasionally but he does not use crutches, a brace, or corrective shoes. He denies having any surgery on his left ankle or foot. He states that he does wear some shoe inserts for his tennis shoes and dress shoes, but not his other shoes. He denies having to wear corrective shoes or a brace. The patient states that his condition interferes with his occupation because prolonged standing causes him to have to sit down. He states that his daily activities are affected because he cannot do what he used to do.

PHYSICAL EXAMINATION: Vital signs: Temperature 98.5, pulse 77, respiration 18, weight 202 pounds, height 72 inches. Blood pressure 126/62. General:

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This is a well-developed, well-nourished male seen in no acute distress. **210**
Alert; oriented to person, place and time; cooperative. Left foot: The foot is warm to touch. There is no painful motion, edema, instability, weakness, or tenderness present. The patient has pes planus and the Achilles tendon has normal alignment. There is hallux deformity with a 15 degree angulation present. There are no hammertoes noted. The patient's gait is slow with a limp, favoring his left leg. The patient has no plantar calluses, breakdown, or unusual shoe wear pattern noted. There are no skin or vascular changes. The patient has poor posture on standing, squatting, supination, pronation, and rising on his toes and heels. The dorsalis pedis and posterior tibial artery pulses are 2/4.

Left ankle: There is no effusion, tenderness, deformity, or crepitus noted. Dorsiflexion is 10 degrees with pain. Plantar flexion is 45 degrees without pain. Eversion is 0 to 10 degrees with pain. Inversion is 0 to 20 degrees with pain. All range of motion of the active and passive range of motion with no decrease in range of motion, no pain, no weakness, and no lack of endurance with repetitive use.

D. DIAGNOSTIC AND CLINICAL TESTS:

1. LEFT FOOT---MILD TO MODERATE HALLUX VALGUS DEFORMITY. MILD OSTEOARTHRITIC CHANGES OF THE FIRST MP JOINT. OVERLAPPING FOURTH AND FIFTH TOES.
2. LEFT ANKLE---NORMAL

E. DIAGNOSIS:

1. OLD LEFT ANKLE SPRAIN WITH RESIDUALS OF CHRONIC LEFT ANKLE STRAIN WITH SEVERE FUNCTIONAL LOSS DUE TO PAIN FOR EVERSION; MODERATE FUNCTIONAL LOSS DUE TO PAIN FOR INVERSION; AND NO FUNCTIONAL LOSS DUE TO PAIN FOR DORSIFLEXION; NO DECREASE IN RANGE OF MOTION, PAIN, WEAKNESS, FATIGUE, OR LACK OF ENDURANCE WITH REPETITIVE USE
2. CHRONIC LEFT FOOT STRAIN WITH NO FUNCTIONAL LOSS DUE TO PAIN
3. HALLUX VALGUS DEFORMITY OF LEFT FOOT
4. MILD OSTEOARTHRITIS OF THE FIRST METATARSOPHALANGEAL JOINT OF THE LEFT FOOT

DD: 06/01/04 DT: 06/03/04 MT: 205/lwt TA61568

06/01/2004 NEUROLOGICAL DISORDERS, MISCELLANEOUS

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

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Health Summary

Jan 27, 2005

PLACE OF EXAMINATION: Central Alabama Veterans Healthcare System - East **211**
Campus.

A. REVIEW OF MEDICAL RECORDS: The claimant's file was unavailable for review prior to the examination.

B. MEDICAL HISTORY (SUBJECTIVE COMPLAINTS): The patient states that he has been having migraine headaches since 2000. He states that they started with a sharp pain beginning in his occipital region with radiation to his frontal regional and has a throbbing head pain. They are also associated with photophobia and pain is increased with noise. The patient states that there are no precipitating factors. He states that the headaches last two to three weeks and then stop for about one to two days and then they recur for another two to three weeks. He states that at the onset, the headaches would last for one to two days and then be gone for about one month. Then they would occur for about one or two days again. But, for the past year, the headaches have been coming with an increased frequency. The patient denies having any weakness but admitted to having fatigue and some function loss and he has to lie down. His current medications consist of a blood pressure pill that he takes for the blood pressure. He also takes a pain pill, which decreases the pain somewhat. He states that the blood pressure pill causes some erectile dysfunction.

C. PHYSICAL EXAMINATION (OBJECTIVE FINDINGS): VITAL SIGNS: Temperature 98.5. Pulse 77. Respirations 18. Blood pressure 126/62. Weight 202 pounds. Height 72 inches. GENERAL: This is a well-developed, well-nourished male who was in no acute distress. He is alert. He is oriented to person, place, and time. He is cooperative. NEUROLOGICAL: The Cranial nerves II-XII are grossly intact. There is normal sensation to pinprick and vibratory sense for both upper extremities and both lower extremities. The deep tendon reflexes are 2/4 in both upper extremities and both lower extremities. Strength is 5/5 in both upper extremities and both lower extremities.

D. DIAGNOSITC AND CLINICAL TESTS:

1. CT HEAD W&W/O CONT---NORMAL

E. DIAGNOSIS:

1. MIGRAINE HEADACHES

Dictated by: Lislle Ross, MD DD: 06/01/04; DT: 06/04/04; j: 061587;
MT: 270/rp

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
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Health Summary

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TA061587

06/01/2004 JOINTS (SHOULDER/ELBOW/WRIST/HIP/KNEE/ANKLE)

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

REVIEW OF MEDICAL RECORDS: The Claims file was not available for review prior to the examination.

MEDICAL HISTORY: The patient has chondromalacia of his right knee diagnosed in 1999 when he presented with real bad pain and inability to stand one morning on awakening and getting out of bed. The patient states that he went on sick call and his knee was wrapped and he was given a pain medicine. He states that he was sent to physical therapy on the same day and x-rays of the knees were obtained and an MRI was ordered and it revealed a meniscal tear. The patient states that he received physical therapy for one month to strengthen his knee prior to having surgery. He states that he underwent surgical repair of a torn meniscus in his knee in May 1999 at Fort Huachuca, Arizona. He states that post surgery, he was given physical therapy from May of 1999 until August of 1999. The patient states that he was sent to Kosovo during the end of 1999 and he developed knee pain in January of 2000. He states that he was returned to the states because his wife was having a baby and then he subsequently was sent back to Germany in March of 2000 and he had a reevaluation of his right knee. He states he had an MRI of both knees performed and he was told that he had a torn meniscus in his left knee. The patient states that he has a dull, constant, daily pain in his right knee with the pain being 10/10 and the pain is also sharp at times. He admits to having weakness, stiffness, occasional swelling, heat, giving way, locking and lack of endurance and fatigability of his right knee, but no redness. He states that he underwent a second surgery of his right knee in August of 2003 at Central Alabama Veterans Health Care System on the West Campus for repair of a torn meniscus. He states that at the present time, he is on an unknown medicine for pain that he takes one tablet twice a day and it reduces the pain and he has no side effects from the medication. The patient states he has no flare-ups of his right knee condition.

The patient states that he has had an MRI of both of his knees in March 2000 which showed a torn meniscus in his left knee. He states that he underwent surgery on his left knee for a repair of his torn meniscus in November of 2000 in Germany. He states that he has a sharp to dull constant daily pain in his left knee with the pain level being 9/10. He takes hydrocodone 5/acetamenophen 500 mg one tablet twice a day which reduces the pain and he has no side effects from the medication. He also admits to having weakness, stiffness, occasional swelling, redness, giving way, locking, fatigability and lack of endurance of his left knee. He denies having any heat of his left knee. The patient states that he has no flare ups of his left knee condition. The patient states that

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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he wears a knee brace on both of his knees, but he does not require the use of crutches, a cane or corrective shoes. He states that he has had no 213 dislocations or recurrent subluxation of his knees. The patient states that his knee condition interferes with his occupation in that he is unable to stand for long periods of time. He states that his daily activities are affected because he cannot walk as much as he used to.

The patient states that he injured his right shoulder while playing company baseball, but the year was unknown. He also states that he was seen on sick call on the same day and told that he had a right shoulder sprain. He was given physical therapy for one to two months and pain medications. He states that he did not have any surgery on his right shoulder. He admits to having occasional pain with the pain being sharp and intermittent and occurring three times per month, lasting 1-2 days with a pain level of 8/10. He states that he is on no prescribed medications for his right shoulder condition. He states that he takes his pain medication for his other conditions and it helps to reduce the pain in his shoulder. He admits to having occasional stiffness, occasional weakness, lack of endurance, fatigability and locking of his shoulder, but no swelling, heat or redness. He states that he has no flare ups of his right shoulder condition. He states that his occupation is sometimes affected by his shoulder condition if he has to lift above his head because that causes increased pain. He states that his daily activities are not affected by his shoulder condition.

Dominant upper extremity is the right hand and that was determined by questioning. The patient is wearing braces on both of his knees and not on his shoulder.

PHYSICAL EXAMINATION: Vital signs: Temperature 98.5, pulse 77, respirations 18, weight 202 pounds, height 72 inches. Blood pressure 126/62. General: Well developed, well nourished male seen in no acute distress. Alert. Oriented to person, place and time. Cooperative. Right knee: There is no fatigue, weakness, lack of endurance with repetitive use. There is no edema, redness, tenderness, weakness, heat, abnormal movement or guarding of movement noted. There are no plantar calluses, breakdown or unusual shoe wear pattern noted. The patient is wearing a brace. There is a 1 cm by 1.6 cm healed scar of the medial superior aspect of the knee present. There is a 0.1 cm by 1.2 cm stellate scar of the medial inferior aspect present. There is a 0.1 cm by 0.8 cm. scar of the lateral inferior aspect present. Extension is 20 degrees with pain. Flexion is 20 degrees to 75 degrees with pain. All range of motions are for active and passive range of motion with no decrease in range of motion, increase in pain, weakness or lack of endurance with repetitive use. Left knee: The patient has fatigue, weakness and lack of endurance with repetitive use with the weakness appearing to be the prominent aspect with repetitive use. There is no edema, redness, tenderness, weakness, heat, abnormal movement or guarding of movement present. There are no plantar calluses, breakdown or unusual shoe wear pattern noted. The patient is wearing a brace. There is a 0.1 cm by 0.8 cm scar of the lateral inferior aspect present. There is a 0.3

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Jan 27, 2005

cm stellate scar of the medial inferior aspect present. There is a 1 cm ²¹⁴² scar of the medial superior aspect present. The extension is 14 degrees with pain. Flexion is 14 degrees to 75 degrees with pain. All ranges of motion are for active and passive range of motion. Right shoulder: There is no effusion, tenderness, crepitus or deformity noted. Forward flexion is 0-125 degrees with pain. Abduction is 0 to 120 degrees with pain. Adduction is 0 to 50 degrees without pain. External rotation is 0 to 80 degrees without pain. Internal rotation is 0 to 40 degrees with pain. All ranges of motion are for active and passive range of motion. There is no decrease in range of motion, increase in pain, weakness or lack of endurance with repetitive use.

D. DIAGNOSTIC AND CLINICAL TESTS:

1. BILATERAL KNEE EXAM---WITHIN NORMAL LIMITS
2. RIGHT SHOULDER---WITHIN NORMAL LIMITS

E. DIAGNOSIS:

1. OLD RIGHT SHOULDER INJURY WITH RESIDUALS OF CHRONIC RIGHT SHOULDER STRAIN WITH SEVERE FUNCTIONAL LOSS DUE TO PAIN FOR INTERNAL ROTATION AND MODERATE FUNCTIONAL LOSS DUE TO PAIN FOR FLEXION AND ABDUCTION; AND NO WEAKNESS, LACK OF ENDURANCE, FATIGUE, PAIN, OR DECREASED RANGE OF MOTION WITH REPETITIVE USE
2. CHONDROMALACIA OF THE RIGHT KNEE---NOT SEEN ON X-RAY
3. CHONDROMALACIA OF THE LEFT KNEE---NOT SEEN ON X-RAY
4. CHRONIC RIGH KNEE STRAIN WITH SEVERE FUNCTIONAL LOSS DUE TO PAIN FOR EXTENSION AND FLEXION; AND NO ADDITIONAL LIMITATION OF JOINT FUNCTION BY PAIN, WEAKNESS, FATIGUE, OR LACK OF ENDURANCE WITH REPETITIVE USE
5. OLD SURGERY OF RIGHT KNEE WITH RESIDUALS OF ARTHROSCOPIC SCARS
6. CHRONIC LEFT KNEE STRAIN WITH SEVERE FUNCTIONAL LOSS DUE TO PAIN FOR EXTENSION AND FLEXION; AND RANGE OF MOTION IS ADDITIONALLY LIMITED BY FATIGUE, WEAKNESS, AND LACK OF ENDURANCE WITH REPETITIVE USE WITH WEAKNESS HAVING THE MAJOR FUNCTIONAL IMPACT
7. OLD LEFT KNEE SURGERY WITH RESIDUALS OF ARTHROSCOPIC SCARS

DD: 06/01/04 DT: 06/04/04 MT: 112/kkm

TA61579

06/01/2004 RESPIRATORY (OBSTRUCTIVE, RESTRICTIVE, AND INTERSTITIAL)

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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FITZPATRICK, ALABAMA 36029
419087667

VISTA Electronic Medical Documentation

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Health Summary

Jan 27, 2005

REVIEW OF MEDICAL RECORDS: The Claims file was not available for review prior to the examination.

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MEDICAL HISTORY: The patient states that asthma was diagnosed in 2000 when he presented with wheezing. He states that at that time, he was placed on three inhalers, Albuterol, Serevent and another unknown inhaler. He states that he takes one inhaler twice a day, one three times a day and one prn. He states that the inhalers decreased the wheezing and he has no side effects from the medications. He states that he last asthma attack was approximately three months ago where he was seen in the emergency room and treated with a nebulizer treatment and then sent home. He states that he has about 1-2 asthma attacks per week which do not require being seen in the emergency room and he states that he takes his inhalers and the attacks with the wheezing usually go away within an hour or so. The patient admits to having occasional shortness of breath at rest, one block dyspnea on exertion, a cough productive of yellow or whitish sputum daily, but no hemoptysis and no anorexia.

PHYSICAL EXAMINATION: Vital signs: Temperature 98.5, pulse 77, respirations 18, weight 202 pounds, height 72 inches. Blood pressure 126/62. General: Well developed, well nourished male seen in no acute distress. Awake. Oriented to person, place and time. Cooperative. Neck: Supple and without masses. No thyromegaly. No carotid artery bruits. No jugular venous distension at a 30 degree angle. Chest: Symmetrical expansion. Lungs are clear to auscultation and percussion. No rales, wheezes or rhonchi auscultated. Heart: The point of maximum intensity is in the fifth intercostal space in the mid-clavicular line. Regular rhythm to the heart. Normal S1 and S2 heart sounds. No S3 or S4 sounds, murmurs or clicks auscultated. Abdomen soft, nontender. Active bowel sounds. No hepatosplenomegaly. No umbilical or ventral hernia noted. Extremities: No cyanosis or clubbing of the fingers noted bilaterally. No pretibial or pedal edema noted bilaterally. There is no kyphoscoliosis or pectus excavatum noted. There patient has no weight loss or weight gain.

D. DIAGNOSTIC AND CLINICAL TESTS:

1. CHEST---THERE IS NO CARDIAC, PULMONARY OR PLEURAL ABNORMALITY. MULTIPLE CALCIFIED GRANULOMAS ARE SEEN IN THE HILAR REGIONS AND PERIHILAR AREA.
2. PFT---PRE FVC=55%. POST FVC=63%. PRE FEV1=58%. POST FEV1=68%. PRE FEV1/FVC=88%. POST FEV1/FVC=89%. DLCO=79%.

E. DIAGNOSIS:

1. ASTHMA

DD: 06/01/04 DT: 06/04/04 MT: 112/kkm

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
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TA61591

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06/01/2004 HAND, THUMB, AND FINGERS

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

PLACE OF EXAMINATION: Central Alabama Veterans Healthcare System - East Campus.

A. REVIEW OF MEDICAL RECORDS: The claimant's file was not available for a review prior to the examination.

B. MEDICAL HISTORY (SUBJECTIVE COMPLAINTS): The patient states that he injured his left middle finger while playing volleyball but he does not remember the year. He states that he was seen on sick call on that day, where x-rays were taken. He states that they showed a boutonniere injury to the tendon. He states that his treatment consisted of splint of his finger. He was given physical therapy every day for one month, then three times per week for one month, and finally once per week for two months. He states that at the present time he experiences sharp, throbbing, intermittent pain about five times per month, which lasts for one to two days at a pain level of 7/10. He states that he takes an unknown pain medication, which reduces his pain and he has no side effects from this medication. He states that he also experiences some stiffness, weakness, and a decrease in strength of his finger. He states that cold weather seems to precipitate the pain. The pain is alleviated with the pain medication. He states that it has no heat or redness of the finger. He states that he has flare-ups of the condition where the pain is sharp and constant mainly in the wintertime with the pain level being 10/10. This is precipitated by cold weather and he has some decrease and limitation of range of motion during that time.

C. PHYSICAL EXAMINATION (OBJECTIVE FINDINGS): VITAL SIGNS: Temperature 98.5. Pulse 77. Respirations 18. Weight 202 pounds. Height 72 inches. Blood pressure 126/62.

1. Not applicable.

2. This is a well-nourished male who is in no acute distress. He is alert. He is oriented to person, place, and time. He is cooperative.

3. LEFT HAND: Evaluation of the multiple digits of the hand shows the following: Leftt Index finger flexion of the metatarsophalangeal joint is from 0-90 degrees. The proximal interphalangeal joint shows flexion from 0-100 degrees. The distal proximal interphalangeal joint flexion is from 0-45 degrees. The middle finger shows flexion for the metacarpal phalangeal joint is from 0-75 degrees without pain. The proximal interphalangeal joint flexion

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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is from 0-75 degrees without pain. The distal proximal interphalangeal joint flexion is 0-13 degrees without pain. The ring finger shows metacarpal phalangeal joint flexion from 0-90 degrees without pain. The proximal interphalangeal joint flexion is 0-100 degrees without pain. The distal interphalangeal joint flexion is 0-45 degrees without pain. The little finger shows metacarpal phalangeal joint flexion is from 0-90 degrees without pain. The proximal interphalangeal joint flexion is 0-100 degrees without pain. The distal interphalangeal joint flexion is 0-45 degrees without pain.

The index finger metacarpal phalangeal joint extension is 0-45 degrees without pain. The proximal interphalangeal joint extension is 0 degrees. The distal interphalangeal joint extension is 0 degrees. The middle finger metacarpal phalangeal joint extension is 0-45 degrees. The proximal interphalangeal joint extension is 0 degrees. The distal interphalangeal joint is 0 degrees. The ring finger metacarpal phalangeal joint extension is 0-45 degrees. The proximal interphalangeal joint extension is 0 degrees. The distal interphalangeal joint extension is 0 degrees. The little finger metacarpal phalangeal joint is 0-45 degrees without pain. The p interphalangeal joint is 0 degrees without pain. The distal interphalangeal joint extension is 0 degrees without pain.

Evaluation of the left hand as a unit shows the following: The tip of the thumb is able to approximate the tips of the index, middle, ring, and little fingers without difficulty. The tips of the thumb, index finger, ring finger, and little are all able to approximate the proximal transverse crease of the palm without difficulty. The middle finger is able to approximate the proximal transverse crease of the palm within 0.8 cm. The index, middle, ring, and little fingers air entry able to touch the thumb pad without difficulty. The strength for pushing, pulling, and twisting of the thumb, index, middle, ring, and little fingers is normal for all fingers. Dexterity for twisting, probing, writing, touching, and expression is normal for the thumb, index, middle, ring, and little fingers. There is no increase in pain, lack of endurance, weakness, or limitation of the range of motion with repetitive use of the thumb, index, middle, ring or little fingers. There is no edema, deformity, crepitation, or tenderness of the hand noted.

D. DIAGNOSTIC AND CLINICAL TESTS:

1. LEFT HAND---WITHIN NORMAL LIMITS

E. DIAGNOSIS:

1. OLD LEFT MIDDLE FINGER SPRAIN
2. CHRONIC LEFT MIDDLE FINGER STRAIN WITH NO FUNCTIONAL LOSS DUE TO PAIN; AND NO WEAKNESS, LACK OF ENDURANCE, PAIN, OR DECREASED RANGE OF MOTION WITH REPETITIVE USE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Health Summary

Jan 27, 2005

DICTATED BY: Leslie Ross, MD DD: 06/01/04; DT: 06/04/04; j: 061572;
 MT: 270/rp

TA061572

06/01/2004 SPINE

Priority of Exam: OTHER

Examining provider: ROSS, LISLIE

Approved By: DR WITTER on 06/16/2004

Examination results:

PLACE OF EXAMINATION: Central Alabama Veterans Healthcare System - East Campus.

A. REVIEW OF MEDICAL RECORDS: There were no medical records available for review prior to the examination.

B. MEDICAL HISTORY (SUBJECTIVE COMPLAINTS): The patient complains of having lower back pain for years. He states that he has had a magnetic resonance imaging performed on May 28, 2004 but he does not know the results of it yet. He states that he has a sharp, constant, daily pain in his lower back with the pain level being 10/10. He states that he takes Tramadol 50 mg three times per day, which reduces the pain and he has no side effects from this medication. He also takes Flexeril 10 mg twice per day, which also decreases the pain and he has no side effects from this medication. He states that he has no flare-ups of his lower back condition. He states that he has no weight loss, fevers, malaise, dizziness or visual disturbances. He admits to having numbness and weakness in his legs occasionally. He has no bladder complaints, bowel complaints, or erectile dysfunction as a result of his back. The patient walks unaided and does not require the use of a cane, crutches, or a walker. He states that he does wear a lumbosacral support. The patient states that he can walk for one block and it takes several minutes to do so. The patient is not unsteady and denies any history of falls. The patient states that he has had no injuries or trauma to his back. He also denies having any surgery on his lumbar spine. He states that his condition does interfere with walking, toileting, and his occupation. He states that he does not go to work when his back feels real painful. It also interferes with his recreational activities in that he cannot do anything. The pain also interferes with his driving if he has to drive over 50 miles. He has to get his girlfriend to drive him. He states that his condition does not interfere with his dressing, bathing, grooming, or eating.

C. PHYSICAL EXAMINATION (OBJECTIVE FINDINGS): VITAL SIGNS: Temperature 98.5. Pulse 77. Respirations 18. Weight 202 pounds. Height 72 inches. Blood pressure 126/62. GENERAL: This is a well-developed, well-nourished male who is in no acute distress. He is alert. He is oriented to person, place, and time. He is cooperative. BACK: The patient has severe spasm of his paraspinal muscles bilaterally but no tenderness is present. There is no

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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kyphosis or scoliosis present. The patient has some decrease in the normal lordotic curvature of the spine. The patient is wearing a lumbosacral corset. His range of motion for forward flexion is 0- 30 degrees with pain. Extension is 0-14 degrees with pain. Left lateral flexion is 0-20 degrees with pain. Right lateral flexion is 0-21 with pain. Left rotation is 0-25 degrees with pain. Right rotation is 0-16 degrees with pain. All range of motion measurements are for active and passive range of motion. There is no increase in pain, weakness, fatigue or lack of endurance with repetitive use. There is no decrease in the range of motion with repetitive use. NEUROLOGICAL EXAMINATION: The Cranial nerves II-XII are grossly intact. There is normal sensation to pinprick and vibratory sense of both upper extremities and both lower extremities. The deep tendon reflexes are 2/4 in both upper extremities and both lower extremities. Strength is 5/5 in both upper extremities and both lower extremities. RECTAL EXAMINATION: There is normal sensation in the rectum. There are no internal or external hemorrhoids or palpable rectal masses. Volitional control is normal. Lasegue sign is negative.

D. DIAGNOSTIC AND CLINICAL TESTS:

1. LUMBOSACRAL SPINE---NARROWED L5-S1 INTERVERTEBRAL SPACE
2. CT LUMBAR SPINE W/O CONT---HERNIATED L5/S1 DISC IS SUSPECTED.

E. DIAGNOSIS:

1. CHRONIC LUMBOSACRAL SPINE STRAIN WITH SEVERE FUNCTIONAL LOSS DUE TO PAIN FOR FLEXION, EXTENSION, AND RIGHT AND LEFT LATERAL FLEXION, AND RIGHT ROTATION; MODERATE FUNCTIONAL LOSS DUE TO PAIN FOR LEFT ROTATION; AND NO ADDITIONAL LIMITATION OF RANGE OF MOTION DUE TO PAIN, WEAKNESS, FATIGUE, OR LACK OF ENDURANCE WITH REPETITIVE USE
2. HERNIATED L5-S1 DISC OF LUMBOSACRAL SPINE

Dictated By: Leslie Ross, MD DD: 06/01/04; DT: 06/04/04; j: 061598;
MT: 270/rp

TA061598

*** END ***** CONFIDENTIAL C&P EXAM SUMMARY pg. 1 *****

01/27/2005 10:14
***** CONFIDENTIAL OP REPORT SUMMARY pg. 1 *****
WORKS, TYRON 419-08-7667 DOB: 02/06/1972

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Health Summary

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SR - Surgery Reports

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08/21/2003 Orthopedics-Amb Surgeon: CHUNG,TAI Q
Status: (Completed) Prin Anest: NAMKOONG,WON
Pre-op Diag(s): Internal Derangement right Knee (Unverified)
Post-op Diag(s): Tear Medial Meniscus right Knee (Unverified)
Int Derangement Knee NOS (Unverified)
Operative Proc(s): Right Knee Arthroscopy and Menisectomy - Knee
Arthroscopy/Surgery (CPT 29881)
Right Side (CPT Mod RT)
Knee Arthroscopy/Surgery (CPT 29877)
Multiple Procedures (CPT Mod 51)
Right Side (CPT Mod RT)
Lab Work: Yes

OPC - ICD Codes

No data available

*** END ***** CONFIDENTIAL OP REPORT SUMMARY pg. 1 *****

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

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Progress Note

Jan 27, 2005

TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE
 DATE OF NOTE: JAN 13, 2005@13:42:53 ENTRY DATE: JAN 13, 2005@13:42:53
 AUTHOR: MOORE,CARL JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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Physical Therapy Daily Note

Name: WORKS, TYRON
 SSN: 419-08-7667
 Date: 1/13/2005
 DX: LOWBACK PAIN
 Treatment Provided:

- () Initial Evaluation
- () Discharged evaluation
- () Interim evaluation
- () Gait training - 15 min
- () Home visit
- (X) Hot pack TO LOWBACK
- () Hubbard tank- 15 min - temp 98-100F
- () Whirlpool-temp 98-100F
- () Joint mobilization
- () Neuromuscular -15 min
- () Orthotic (checkout list) -15 min
- () Vasopneumatic devices
- () Prosthetic training -15 min
- () Self care training -15 min
- () Telephone calls
- () Patient counseling/ coordinating care
- () Family education
- (X) Documentation
- () Biofeedback
- () Cold pack
- () Conference
- (X) Electrical stimulation -15 min LOWBACK
- () Therapeutic exercise -15 min
- () Mechanical traction
- (X) Massage-15 min
- () Diathermy
- (X) Ultrasound -15 min LOWBACK
- () Paraffin
- () Fluidotherapy
- () TENS
- () Wound care
- () Debridement
- () Neuromuscular -15 min

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

Jan 27, 2005

() Reeducation

222

Patient's Response to Treatment:

(X) Tolerated treatment well

() C/O:

Treatment Time:

() 15 Min.

() 45 Min.

() 30 Min.

(X) 60 Min.

/es/ CARL MOORE JR

REGISTERED PHYSICAL THERAPIST

Signed: 01/13/2005 13:43

TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE

DATE OF NOTE: JAN 11, 2005@14:26:03 ENTRY DATE: JAN 11, 2005@14:26:03

AUTHOR: MOORE,CARL JR

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Physical Therapy Daily Note

Name: WORKS, TYRON

SSN: 419-08-7667

Date: 1/11/2005

DX: LOWBACK PAIN

Treatment Provided:

() Initial Evaluation

() Discharged evaluation

() Interim evaluation

() Gait training - 15 min

() Home visit

(X) Hot pack TO LOWBACK

() Hubbard tank- 15 min - temp 98-100F

() Whirlpool-temp 98-100F

() Joint mobilization

() Neuromuscular -15 min

() Orthotic (checkout list) -15 min

() Vasopneumatic devices

() Prosthetic training -15 min

() Self care training -15 min

() Telephone calls

() Patient counseling/ coordinating care

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

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Progress Note

Jan 27, 2005

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- ☐ Family education
- ☒ Documentation
- ☐ Biofeedback
- ☐ Cold pack
- ☐ Conference
- ☒ Electrical stimulation -15 min LOWBACK
- ☐ Therapeutic exercise -15 min
- ☐ Mechanical traction
- ☒ Massage-15 min
- ☐ Diathermy
- ☒ Ultrasound -15 min LOWBACK
- ☐ Paraffin
- ☐ Fluidotherapy
- ☐ TENS
- ☐ Wound care
- ☐ Debridement
- ☐ Neuromuscular -15 min
- ☐ Reeducation

Patient's Response to Treatment:

- ☒ Tolerated treatment well
- ☐ C/O:

Treatment Time:

- ☐ 15 Min. ☐ 45 Min.
- ☐ 30 Min.
- ☒ 60 Min.

/es/ CARL MOORE JR

REGISTERED PHYSICAL THERAPIST

Signed: 01/11/2005 14:27

TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE

DATE OF NOTE: JAN 06, 2005@13:51:02 ENTRY DATE: JAN 06, 2005@13:51:02

AUTHOR: GAILLARD, BARBARA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Physical Therapy Daily Note

Name: WORKS, TYRON

SSN: 419-08-7667

Date: 1/6/2005

DX: LOWBACK PAIN

Treatment Provided:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

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VISTA Electronic Medical Documentation

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Progress Note

Jan 27, 2005

224

- ☐ Initial Evaluation
- ☐ Discharged evaluation
- ☐ Interim evaluation
- ☐ Gait training - 15 min
- ☐ Home visit
- ☒ Hot pack TO LOWBACK
- ☐ Hubbard tank- 15 min - temp 98-100F
- ☐ Whirlpool-temp 98-100F
- ☐ Joint mobilization
- ☐ Neuromuscular -15 min
- ☐ Orthotic (checkout list) -15 min
- ☐ Vasopneumatic devices
- ☐ Prosthetic training -15 min
- ☐ Self care training -15 min
- ☐ Telephone calls
- ☐ Patient counseling/ coordinating care
- ☐ Family education
- ☒ Documentation
- ☐ Biofeedback
- ☐ Cold pack
- ☐ Conference
- ☒ Electrical stimulation -15 min LOWBACK
- ☐ Therapeutic exercise -15 min
- ☐ Mechanical traction
- ☒ Massage-15 min
- ☐ Diathermy
- ☒ Ultrasound -15 min LOWBACK
- ☐ Paraffin
- ☐ Fluidotherapy
- ☐ TENS
- ☐ Wound care
- ☐ Debridement
- ☐ Neuromuscular -15 min
- ☐ Reeducation

Patient's Response to Treatment:

- ☒ Tolerated treatment well
- ☐ C/O:

Treatment Time:

- ☐ 15 Min. ☐ 45 Min.
- ☐ 30 Min. ☒ 60 Min.

/es/ BARBARA E GAILLARD

RPT

Signed: 01/07/2005 08:15

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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FITZPATRICK, ALABAMA 36029
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Progress Note

Jan 27, 2005

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TITLE: EMG CONSULT
 DATE OF NOTE: JAN 05, 2005@14:52 ENTRY DATE: JAN 05, 2005@14:52:35
 AUTHOR: LAIPRASERT, JIRAPUN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

see report

/es/ JIRAPUN LAIPRASERT
 PHYSICIAN/PM&R MANAGER
 Signed: 01/05/2005 14:53

TITLE: PM&RS PHYSICAL THERAPY EVALUATION
 DATE OF NOTE: JAN 04, 2005@10:40:41 ENTRY DATE: JAN 04, 2005@10:40:41
 AUTHOR: MOORE, CARL JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY EVALUATION

Circle & Date: 1-4-05

Initial: X REASSESSMENT: DISCHARGE:

PATIENT NAME: WORKS, TYRON SSN: 419-08-7667 OUTPATIENT

DIAGNOSIS: LOW BACK SECONDARY DX :

ONSET DATE: 11-4-04

PREMORBID STATUS/BARRIERS: NONE

PROGNOSIS FOR REHAB POTENTIAL: FAIR

SAFETY PRECAUTIONS: NONE

FUNCTIONAL LIMITATIONS: LOW BACK

*****PLEASE INSERT AN [X] FOR THE CORRECT RESPONSE*****

<input type="checkbox"/> MENTAL	<input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> AMBULATION
<input type="checkbox"/> SPEECH	<input type="checkbox"/> RESPIRATORY	
<input type="checkbox"/> VISION	<input type="checkbox"/> BOWEL/BLADDER (INCONTINENCE)	<input type="checkbox"/> CONTRACTURE
<input type="checkbox"/> HEARING	<input type="checkbox"/> OTHER/SPECIFIC	<input type="checkbox"/> PARALYSIS
<input type="checkbox"/> SENSATION		<input type="checkbox"/> ENDURANCE
Cognition/Expression: NORMAL		<input type="checkbox"/> AMPUTATION

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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STRENGTH:	LEFT	RIGHT	ROM	LEFT	RIGHT	225
SHOULDER:	N	N		N	N	
ELBOW:	N	N		N	N	
WRIST:	N	N		N	N	
FINGERS:	N	N		N	N	
HIPS:	F+	F+		FORWARD BENDING-60CM		
KNEE: ANKLE:	F+	F+		WFL	WFL	

POSTURE: Gait, Distance, Device, Balance, Assistive Modality: WFL

EXERCISE PROGRAM: [] PROM [] JAAROM [] RESISTIVE LBS.
[] COORDINATION [] STRETCHING#REPETITIONS [] RUE [] RLE [] LUE [] LLE [] NECK
[] BACK

ASSESSMENT: Patient's response to treatment: TBA

TREATMENT PLANS: ULTRASOUND, HOT PACKS, MASSAGE AND MCKENZIE EXERCISES
2 XWK FOR 4WKS (T&TH@10AM) BY DR.LAIPRASERT

GOALS: TO REDUCE PAIN

SHORT TERM GOALS: TO REDUCE PAIN IN THE LOWER BACK FROM 8/10 TO 4/10.

LONG TERM GOALS: TO REDUCE ALL PAIN TO 2/10.

ACHIEVEMENT OF GOALS: TBA

REASON FOR DISCHARGE: HEALED OR PATIENT REACHED MAXIMUM BENEFIT FROM PT
TREATMENTS.

TX DATES FROM : 1-4-05 TO # OF TX:

SESSIONS ATTENDED: MISSED:

HOMEBOUND STATUS:

RECOMMEND HOME PROGRAM: ONGOING!

PATIENT & FAMILY EDUCATION: ONGOING!

/es/ CARL MOORE JR

REGISTERED PHYSICAL THERAPIST

Signed: 01/04/2005 10:56

TITLE: PLAN OF TREATMENT-OUTPATIENT REHABILITATION

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

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Progress Note

Jan 27, 2005

DATE OF NOTE: JAN 04, 2005@09:20 ENTRY DATE: JAN 10, 2005@09:20:29
 AUTHOR: CHAMBLISS, VERDELLE G EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION:

The patient listed here has been evaluated per consult from you or your service by PT .

Medical Center Policy mandates that this patient's physician review the PLAN OF CARE (POC) at the start of treatment and EVERY 30 DAYS thereafter. Your SIGNATURE IS REQUIRED for the complete processing of your patient's POC. My electronic signature below as the first signer designates me as the creator of this POC and your electronic signature below mine is your CERTIFICATION that these services as presented in the plan are necessary to meet the patient's needs.

TYPE OF SERVICE REQUESTED..... PT
 PRIMARY MEDICAL DIAGNOSIS..... LOW BACK PAIN
 ONSET DATE OF MEDICAL DIAGNOSIS...
 TREATMENT DIAGNOSIS..... LOW BACK PAIN

PRIOR HOSPITALIZATION DATES...FROM: TO:N/A
 (if relevant to this POC)

CERTIFICATION.....FROM:Jan 4,2005 THROUGH:Jan 28,2005
 SERVICE DATES.....FROM:Jan 4,2005 THROUGH:Jan 28,2005

START OF CARE (SOC) DATE..... Jan 4,2005
 # VISITS SINCE SOC..... 0
 FREQUENCY/DURATION OF TREATMENT...: 2 WEEKS FOR 4 WEEKS

INITIAL ASSESSMENT AND PLAN OF CARE:
 (SEE BELOW AND ALSO **** NOTE OF ***** FOR FURTHER DETAILS):
 (summary/impressions, prognosis, functional goals, time frames, etc.)

FUNCTIONAL LEVEL PROGRESS REPORT/FUNCTIONAL MEASURES (at end of 30 day period relate documentation of functional outcomes and remaining problems):

Services: Continue Services

DIAGNOSIS: LOW BACK

SECONDARY DX :

ONSET DATE: 11-4-04

PREMORBID STATUS/BARRIERS: NONE

PROGNOSIS FOR REHAB POTENTIAL: FAIR

SAFETY PRECAUTIONS: NONE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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FUNCTIONAL LIMITATIONS: LOW BACK

*****PLEASE INSERT AN [X] FOR THE CORRECT RESPONSE*****

<input type="checkbox"/> MENTAL	<input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> AMBULATION
<input type="checkbox"/> SPEECH	<input type="checkbox"/> RESPIRATORY	
<input type="checkbox"/> VISION	<input type="checkbox"/> BOWEL/BLADDER (INCONTINENCE)	<input type="checkbox"/> CONTRACTURE
<input type="checkbox"/> HEARING	<input type="checkbox"/> OTHER/SPECIFIC	<input type="checkbox"/> PARALYSIS
<input type="checkbox"/> SENSATION		<input type="checkbox"/> ENDURANCE

Cognition/Expression: NORMAL

☐ AMPUTATION

STRENGTH:	LEFT	RIGHT	ROM	LEFT	RIGHT
SHOULDER:	N	N		N	N
ELBOW:	N	N		N	N
WRIST:	N	N		N	N
FINGERS:	N	N		N	N
HIPS:	F+	F+		FORWARD BENDING-60CM	
KNEE: ANKLE:	F+	F+		WFL	WFL

POSTURE: Gait, Distance, Device, Balance, Assistive Modality: WFL

EXERCISE PROGRAM: ☐ PROM ☐ JAAROM ☐ RESISTIVE LBS.
☐ COORDINATION ☐ STRETCHING

#REPETITIONS ☐ RUE ☐ RLE ☐ LUE ☐ LLE ☐ NECK
☐ BACK

TREATMENT PLANS: ULTRASOUND, HOT PACKS, MASSAGE AND MCKENZIE EXERCISES
 2 XWK FOR 4WKS (T&TH@10AM) BY DR.LAIPRASERT

GOALS: TO REDUCE PAIN

SHORT TERM GOALS: TO REDUCE PAIN IN THE LOWER BACK FROM 8/10 TO 4/10.

LONG TERM GOALS: TO REDUCE ALL PAIN TO 3/10.

REASON FOR DISCHARGE: PATIENT REACHED MAXIMUM BENEFIT FROM PT
 TREATMENTS.

TX DATES FROM : 1-4-05 TO # OF TX:
 SESSIONS ATTENDED: MISSED:
 HOMEBOUND STATUS:

RECOMMEND HOME PROGRAM: ONGOING!

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
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 419087667

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PATIENT & FAMILY EDUCATION:ONGOING!

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/es/ VERDELLE G CHAMBLISS
CHIEF OF P.T.
Signed: 01/10/2005 09:25

TITLE: PM&RS CONSULT
DATE OF NOTE: DEC 29, 2004@11:29 ENTRY DATE: DEC 29, 2004@11:29:56
AUTHOR: LAIPRASERT,JIRAPUN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

see #44251

/es/ JIRAPUN LAIPRASERT
PHYSICIAN/PM&R MANAGER
Signed: 12/29/2004 11:30

TITLE: PM&RS CONSULT
DATE OF NOTE: DEC 29, 2004@10:00 ENTRY DATE: DEC 29, 2004@14:26:25
AUTHOR: LAIPRASERT,JIRAPUN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

HISTORY OF PRESENT ILLNESS: He is a 32-year-old veteran who was referred over here by Dr. Joshi for his chronic low back pain. He indicated to me that the pain has been getting more problematic and interferes with his physical activity. A dull achy pain is described in his low back with occasional radiated pain down to the right foot. Muscle spasm of the back is also evident and that interferes with his flexibility. He has been seen and treated conservatively. His magnetic resonance imaging study in May indicated desiccation of L5 and S1 and had been seen by Orthopedics as well. His underlying medical problems included asthma, tear of cartilage and meniscus of the knee, chronic headaches and migraines, gastroesophageal reflux disorder, and degenerative disease of the spine intervertebral disks in the lumbar region. All of these underlying medical problems are taken care of by Dr. Joshi.

PHYSICAL EXAMINATION: Physical examination reveals that he is alert, oriented, and not in acute distress - very calm and collected gentleman. Examination is focused in his low back. The thoracolumbar flexibility is limited in all directions including anterior bending. The paraspinous muscles are increased in tone more so on the right side. Tenderness is also noted at the lumbosacral region more so on the right side. The posterior sacroiliac spine joint is nontender. Modified straight leg raising is negative. The deep tendon reflexes

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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are 2+ in the knees and the ankles. Muscle strength and range of motion of the lower extremities are in functional range.

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IMPRESSION: The impression here is chronic low back pain and L5-S1 desiccation of the disk with radiculopathy along the L5-S1 distribution.

RECOMMENDATION: The recommendations here are for physical therapy for a trial twice a week for four weeks. The treatment includes ultrasound high-voltage stimulation, manual massage, stretching exercise, and also to introduce the McKenzie exercises for the home program. He also will get instructions of biomechanics of the low back. We plan to discharge at the end of the treatment. The patient is to follow through with his Primary Care. I understand that the patient is also being requested for an electromyogram study sometime next week. He should make arrangements according to his schedule here.

DD: 12/29/04; DT: 12/29/04; MT: 139/njb

#MT#44251#MAP1229B.139

/es/ JIRAPUN LAIPRASERT
PHYSICIAN/PM&R MANAGER
Signed: 01/04/2005 09:41

TITLE: PHYSICIAN NOTE-PRIMARY CARE
DATE OF NOTE: NOV 30, 2004@10:43 ENTRY DATE: NOV 30, 2004@10:43:37
AUTHOR: JOSHI, RUPEN S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

32 yr unscheduled pt of MS Bell-Chief Complaint: Evaluated at Baptist East ER yesterday for complaints of back pain. Denies specific incident or injury which precipitated the pain. Instructed to follow up today with PCC provider for possible MRI consult. Patient states pain is worse with movement no change in urine or bm o/e aaox3, no idstress,

lungs: clear
heart: S1s2rr
mil d l/s spin tenderness, slr + b/l
power 5/5

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walks without helps

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mri l/s psin e 5/04 explaiedn to pt mil ddesication l5-s1

A/p

1)CH back pain/ddd on mu relaxor and narcotics already ,back brace,heat pad which helps

needs physical therapy for ch back pain,,reschedule ncv/emg

pt to go to rehab for schedulin gappointment

fu pcp ,prn early fi any change

/es/ RUPEN S JOSHI

MD

Signed: 11/30/2004 10:56

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: NOV 30, 2004@09:58

ENTRY DATE: NOV 30, 2004@09:58:02

AUTHOR: SEARCY, STACEY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON

419-08-7667

Age: 32

Gender: MALE

Vital Signs:

T: 97.9 F [36.6 C] (11/30/2004 09:56)

P: 78 (11/30/2004 09:56)

R: 16 (11/30/2004 09:56)

B/P: 135/73 (11/30/2004 09:56)

PAIN: 4 (11/30/2004 09:56)

HT: 72 in [182.9 cm] (06/28/2004 14:57)

WT: 203 lb [92.3 kg] (11/30/2004 09:56)

Pulse OX: 98

MODE OF ARRIVAL: Ambulatory

Other:

Chief Complaint: Evaluated at Baptist East ER yesterday for complaints

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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of back pain. Denies specific incident or injury which precipitated the pain. Instructed to follow up today with PCC provider for possible MRI consult. Patient states pain is worse with movement. Refer to team

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Was the patient given emergent care prior to arrival?

Did you try to do anything to relieve your problem prior to your arrival?

Was it effective?

Last Tetanus:

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:

OTC Medicines:

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) RANITIDINE HCL 150MG (ZANTAC) TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR STOMACH WITH FOOD FOR STOMACH	ACTIVE
2) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	ACTIVE

Triage Category:
Non Urgent

Disposition to:
Primary Care Team: Yellow Team
Other:

/es/ STACEY L SEARCY
RN, BSN
Signed: 11/30/2004 10:00

TITLE: NURSING EXIT INTERVIEW
DATE OF NOTE: JUN 28, 2004@16:57 ENTRY DATE: JUN 28, 2004@16:57:15

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

Jan 27, 2005

AUTHOR: URQUHART, KIMBERLY J EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

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Name: WORKS, TYRON

SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes
3. Do you know what to do if your condition get worse? Yes
4. Do you feel that you were involved in decision making about your care? Yes
5. Is there anything more that you want to know about your condition or treatment plan? No
6. Other Comments: Instructed to call in 2 weeks if he has not heard from PM&R.

/es/ KIMBERLY J. URQUHART

RN

Signed: 06/28/2004 16:58

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD

DATE OF NOTE: JUN 28, 2004@16:52

ENTRY DATE: JUN 28, 2004@16:52:52

AUTHOR: URQUHART, KIMBERLY J EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON

SSN: 419-08-7667

Initial Assessment ()

Reassessment (x)

1. Pain Rating: 0 =No Pain 10= Greatest Pain []
2. Are you currently receiving treatment for:
 - () Arthritis () Diabetic Neuropathy
 - (x) Lower Back Disorders () Herpes Zoster (shingles)
 - () Leg Cramps () Headaches

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

VISTA Electronic Medical Documentation

WORKS, TYRON

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() Other Chronic pain condition (list)

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3. Where is your pain? (list) lower back

Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (x) 10
 Least in last month: () 0 () 1 () 2 () 3 () 4 (x) 5
 () 6 () 7 () 8 () 9 () 10
 Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 (x) 7 () 8 () 9 () 10
 Right Now: () 0 () 1 () 2 () 3 () 4 (x) 5
 () 6 () 7 () 8 () 9 () 10
 Patient pain intensity goal: () 0 () 1 () 2 () 3 (x) 4 () 5
 () 6 () 7 () 8 () 9 () 10

QUALITY:

Frequency:

Throbbing ()	Stabbing ()	Continual (x)
Sharp (x)	Burning ()	Intermittent ()
Dull (x)	Aching (x)	With Movement ()
Shooting (x)	Radiating ()	Less than Daily ()
Numb ()	Other:	Daily x's

OTHER INDICATORS:

Anxiety (x)	Facial Expression ()
Irritability (x)	Restlessness ()
Withdrawal ()	Guarding Behavior ()

EXACERBATING FACTORS:

Movement (x)
 ADL's (x)
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication (x)	Imagery ()
Position (x)	Relaxation ()
Heat ()	Activity ()
Cold ()	Describe:

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

1. Esgic 7
2. Voltaren 7
3. Ultram 7

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY*****

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Pain Interference: 0-does not interfere 10-Completely interferes
3-sleep

General activity ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 ()8 (x)9 ()10
Mood ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 (x)8 ()9 ()10
Normal Work ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 ()8 (x)9 ()10
Ability to
Concentrate: ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 (x)8 ()9 ()10
Relations with
other people ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 (x)8 ()9 ()10
Enjoyment of life ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 ()8 (x)9 ()10
Sleep ()0 ()1 ()2 ()3 ()4 ()5
()6 ()7 ()8 (x)9 ()10

Plan of Care/Change required (x)yes ()No
Action:EMG ordered

Action:PM&R

Provider notified (x)Yes ()No
Return Visit Schedule (x)Yes ()No
Medication for pain ordered (x)Yes ()No
Non-pharmacological treatment type:
Referral to Pain Management Program:
()Yes (x)No
Education related to pain management:
()Yes (x)No
If yes, patient verbalized understanding:
()Yes ()No

/es/ KIMBERLY J. URQUHART

RN

Signed: 06/28/2004 16:56

Receipt Acknowledged By:

06/29/2004 08:30 /es/ KAREN BELL,CRNP

TITLE: EKG

DATE OF NOTE: JUN 28, 2004@16:42:46 ENTRY DATE: JUN 28, 2004@16:42:46

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

AUTHOR: WEAVER, JOHN T
URGENCY:

EXP COSIGNER:
STATUS: COMPLETED

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DONE

/es/ JOHN T WEAVER

Signed: 06/28/2004 16:42

TITLE: NURSE PRACTITIONER GENERAL NOTE
DATE OF NOTE: JUN 28, 2004@15:36 ENTRY DATE: JUN 28, 2004@15:36:14
AUTHOR: BELL, KAREN J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Called for this appt to get results of abnormal C&P eval x-rays. States having intermittent chest pain for a couple of months w/numbness in left arm; states pain lasts about 30 min or more and is sitting down; states had similar episodes in Germany in 2001. Was hospitalized for several days but nothing was found other than being told he had an abnormal ekg; was sent to another hospital and had some type workup but nothing was found. Companion states pt frequently has heartburn, belching; states had symptoms "forever".

(o) A&O x 3; wdown AA male nad
nursing assessment reviewed and agreed with
heart: RRR: no murmur auscultated
lungs: CTA: good bilateral breath sounds; good chest expansion
abd: nbs; soft; nt;/nd
extrem: no cyanosis or edema of extremities

(a) abnormal x-ray
intermittent chest pain
GERD
+ ptsd screen

(p) discussed x-ray reports
zantac for gerd
non-waiting EKG today
informed Ms.McLean of cancellation of pm&r appt x 2 by clinic
keep regularly scheduled appts w/me
refer for emg

Clinical Reminder(s)/

C -PTSD SCREENING:

--Click here if ANY question 2-4 was answered YES. (POSITIVE SCREEN)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Military:

Patient declined PTSD screening at this encounter.

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/es/ KAREN BELL, CRNP

Signed: 06/28/2004 16:30

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: JUN 28, 2004@15:01

ENTRY DATE: JUN 28, 2004@15:01:34

AUTHOR: LEWIS, FRANCES P

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON 32

419-08-7667

SUBJECTIVE: Patient states I was sent a letter after having my C & P exam stating I had abnormal x-ray and need to get in contact with my provider, would like to find out about abnormal x-ray; would like to be referred to another orthopedic surgeon.

121/66 (06/28/2004 14:57) 79 (06/28/2004 14:57) 18 (06/28/2004 14:57) 97.8 F [36.6 C] (06/28/2004 14:57)

PAIN: 5 (06/28/2004 14:57)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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POUCH)

- 7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY 4 HOURS AS NEEDED FOR PAIN

OTC Medicines: None

Non VA Medications: None

Herbals: None

Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 Yes-28
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed. Yes
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes

EXERCISE SCREEN:MILD

Comments: Patient reports I walk some.

Assessment: Patient alert, oriented, respirations regular with ease, ambulatory.

Clinical Reminder(s)/

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

Comments: Will refer above to provider.

/es/ FRANCES LEWIS

LPN

Signed: 06/28/2004 15:13

TITLE: PHYSICIAN NOTE

DATE OF NOTE: JUN 15, 2004@10:32

ENTRY DATE: JUN 15, 2004@10:33:11

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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AUTHOR: CHUNG, TAI Q
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

Here to discuss his Lumbar spine MRI. This showed mild dessication at L5-S1 disc.

Disucss this pathology and his knee pathology with him. Exercises. No surgery needed. RTC prn.

/es/ TAI Q CHUNG, MD
physician

Signed: 06/15/2004 10:36

TITLE: S/D NURSING NOTE
DATE OF NOTE: JUN 15, 2004@10:15
AUTHOR: FERGUSON, LINDA
URGENCY:ENTRY DATE: JUN 15, 2004@13:59:16
EXP COSIGNER:
STATUS: COMPLETED

VITAL SIGNS:

BP: 124/70 (06/15/2004 13:58)
T: 97 F [36.1 C] (06/15/2004 13:58)
P: 80 (06/15/2004 13:58)
R: 20 (06/15/2004 13:58)
WT: 205 lb [93.2 kg] (06/15/2004 13:58)
HT: 72 in [182.9 cm] (06/01/2004 10:34)
PAIN: 4 (06/15/2004 13:58)

ALLERGIES:

MUSHROOMS, TYPHOID VACCINE

pt here for follow up APPT FOR C/O RT KNEE PAIN AND BACK PAIN. REFER TO MD.

Clinical Reminder(s)/

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

/es/ LINDA FERGUSON
RN

Signed: 06/15/2004 14:01

TITLE: C&P NURSE NOTE
DATE OF NOTE: JUN 01, 2004@14:49
AUTHOR: KITT, EARNESTINE EDMON
URGENCY:ENTRY DATE: JUN 01, 2004@14:49:49
EXP COSIGNER:
STATUS: COMPLETED

S/O: Veteran here for Compensation and Pension examination.
Allergies/ Adverse Reactions: TYPHOID VACCINE, MUSHROOM
VETERAN IN NAD AT THIS TIME.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Dominant hand: ☐Left ☒Right
 Current medications: PLEASE SEE VA MEDS PROFILE.

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Intervention/Education: Advised final decision on claim would be sent from VARO when completed with stated understanding.

Plan: Refer to Provider for exam.

/es/ EARNESTINE WIMBUSH KITT
 LPN
 Signed: 06/01/2004 14:51

TITLE: IMAGE OF MRI
 DATE OF NOTE: JUN 01, 2004@13:16 ENTRY DATE: JUN 01, 2004@13:16:05
 AUTHOR: MCGINNIS, JOSHUA E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PLEASE VIEW IMAGE BY SELECTING, UNDER CPRS TOOLS MENU, VISTA IMAGING DISPLAY.

/es/ JOSHUA E MCGINNIS
 Signed: 06/01/2004 13:17

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD-PART I
 DATE OF NOTE: MAY 19, 2004@10:44 ENTRY DATE: MAY 19, 2004@10:44:07
 AUTHOR: DUBOSE, VALERIE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON SSN: 419-08-7667

EDUCATIONAL ASSESSMENT (Ability to learn, sensory/other limitations past knowledge of condition, obstacles to following treatment regimen.)

Ability to Read: YES (☒) NO (☐)
 Learns best: (☐) Visual (☐) Hearing (☒) Doing
 Barrier: (☐) Emotional (☐) Language (☐) Physical
 (☐) Hearing (☐) Mental (☒) None
 Readiness to learn: (☒) yes (☐) No
 Other: Cultural or Religious Practices: Methodist

Educational Needs /Plan/Goals: (State goals in terms of patient behavior).

Veteran will be knowledgeable of ways to attain/maintain optimal health

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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- AEB: 1. Veteran will verbalize understanding/knowledge of current health status. 241
2. Veteran will state factors that potentate health complications.
3. Veteran will state ways to maintain a healthy lifestyle:
- a. Verbalize understanding of prescribed diet.
 - b. Verbalize understanding of recommended exercise regimen to help promote weight control and a healthy heart and lungs.
 - c. Verbalize understanding of medications-dosage, route, side effects, and reason for each medication.

/es/ VALERIE A. DUBOSE

RN

Signed: 05/19/2004 10:45

TITLE: PC-NURSING EXIT INTERVIEW

DATE OF NOTE: MAY 19, 2004@10:43

ENTRY DATE: MAY 19, 2004@10:43:29

AUTHOR: DUBOSE, VALERIE A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()
3. Do you know what to do if your condition get worse? Yes (x) No ()
4. Do you feel that you were involved in decision making about your care? Yes (x) No ()
5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x)
6. Other Comments:
Treatment plan/ plan of care reviewed with veteran and veteran verbalized understanding.

/es/ VALERIE A. DUBOSE

RN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Signed: 05/19/2004 10:43

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TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
 DATE OF NOTE: MAY 19, 2004@10:35 ENTRY DATE: MAY 19, 2004@10:35:26
 AUTHOR: DUBOSE, VALERIE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment (x)
 Reassessment ()

1. Pain Rating: 0 =No Pain 10= Greatest Pain [5]
2. Are you currently receiving treatment for:
- (n) Arthritis (n) Diabetic Neuropathy
 (y) Lower Back Disorders (n) Herpes Zoster (shingles)
 (n) Leg Cramps (y) Headaches
 (y) Other Chronic pain condition: knees
3. Where is your pain? lower back pain
- Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (x) 10
- Least in last month: () 0 () 1 () 2 () 3 (x) 4 () 5
 () 6 () 7 () 8 () 9 () 10
- Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 (x) 8 () 9 () 10
- Right Now: () 0 () 1 () 2 () 3 () 4 (x) 5
 () 6 () 7 () 8 () 9 () 10
- Patient pain intensity goal: (x) 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

QUALITY:

Frequency:

Throbbing ()	Stabbing ()	Continual (x)
Sharp ()	Burning ()	Intermittent ()
Dull ()	Aching (x)	With Movement ()
Shooting ()	Radiating ()	Less than Daily ()
Numb ()	Other:	Daily x's

OTHER INDICATORS:

None (x)
 Anxiety () Facial Expression ()

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Progress Note

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Irritability	()	Restlessness	()
Withdrawal	()	Guarding Behavior	()

EXACERBATING FACTORS:

None (x)
 Movement ()
 ADL's ()
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication	()	Imagery	()
Position	(x)	Relaxation	()
Heat	(x)	Activity	()
Cold	()	Describe:	

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

1. Tramadol- helps a little
2. Flemeril- helps a little
- 3.

Plan: Refer to clinic provider

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

General activity	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Mood	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Normal Work	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Ability to Concentrate:	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Relations with other people	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Enjoyment of life	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		
Sleep	()	0	()	1	()	2	()	3	()	4	()	5
	()	6	()	7	()	8	()	9	()	10		

Plan of Care/Change required ()yes ()No
 Action:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Action:

Provider notified () Yes () No
 Return Visit Schedule () Yes () No
 Medication for pain ordered () Yes () No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
 () Yes () No
 Education related to pain management:
 () Yes () No
 If yes, patient verbalized understanding:
 () Yes () No

/es/ VALERIE A. DUBOSE

RN

Signed: 05/19/2004 10:39

TITLE: NURSE PRACTITIONER GENERAL NOTE
 DATE OF NOTE: MAY 19, 2004@09:52 ENTRY DATE: MAY 19, 2004@09:52:06
 AUTHOR: BELL, KAREN J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

In for scheduled visit. States having to take ultram every 4-5 hours, flexeril tid and voltaren bid; not controlling pain. Also would like referral back to ortho clinic concerning knees; last knee surgery 8/03. Asthma symptoms doing well w/serevent, ventolin. Esgic does help w/headaches. nasalide and deconamine controlling allergy symptoms pretty well.

(o) A&O x 3: wdwn AA male nad
 nursing assessment reviewed and agreed with
 heart: RRR; no murmur auscultated
 lungs: CTA: good bilateral breath sounds; good chest expansion
 extrem: no cyanosis or edema of extremities; surgical scars on knees bilaterally
 back pain on minimal flexion, extension; more liberal side to side motion;
 back pain on SLR bilaterally

(a) back pain
 chronic knee pain > frequency, intensity (R) than left
 asthma - improved w/current med
 chronic migraine - stable; esgic helping somewhat

(p) Lortab until MRI results available: per Dr. Witter

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
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continue current medication
 refer to ortho (pt unaware of rtc requested at ortho visit)
 rtc 6 mo w/basic metabolic profile (on NSAID), cbc, ua, dietary appt
 Pt aware of PM&R, MRI appts:

/es/ KAREN BELL, CRNP

Signed: 05/19/2004 10:35

05/19/2004 ADDENDUM
 to prosthetics for back corset

STATUS: COMPLETED

/es/ KAREN BELL, CRNP

Signed: 05/19/2004 10:38

TITLE: PC NURSING SCREENING NOTE
 DATE OF NOTE: MAY 19, 2004@09:30 ENTRY DATE: MAY 19, 2004@09:30:40
 AUTHOR: RODGERS, CHERRY D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

WORKS, TYRON 32
 419-08-7667

SUBJECTIVE: F/U APPOINTMENT C/O LOWER BACK PAIN{5}. I AM HERE TO DISCUSS
 WITH THE DOCTOR HOW THE TRAMADOL IS WORKING AND THE RESULTS OF CT/X-
 RAYS I HAD DONE ON MY BACK.

118/60 (05/19/2004 09:28) 75 (05/19/2004 09:28) 20 (05/19/2004 09:28) 99 F [37.2
 C] (05/19/2004 09:28)

PAIN: 5 (05/19/2004 09:28)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CYCLOBENZAPRINE 10MG (FLEXERIL) TAB TAKE ONE TABLET	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
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Progress Note

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- BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE RELAXATION
- 3) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED ACTIVE
 - 4) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW) ACTIVE
 - 5) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE ACTIVE
 - 6) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION ACTIVE
 - 7) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH) ACTIVE
 - 8) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN ACTIVE

OTC Medicines:NONE

Herbals:NONE

Allergies:MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 YES/28
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed. No
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months.

EXERCISE SCREEN:MILD

Comments:I DO A LITTLE WALKING DEPENDING ON HOW MY BACK IS.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Assessment:NAD NOTED AT PRESENT TIME/ALERT ORIENTED X3.SPEECH CLEAR AND
COHRENT.SKIN WARM/DRY TO TOUCH COLOR PINK.AMBULATORY WITHOUT PROBLMES 247
GAIT STEADY HAS PRESCRIPTION GLASSES.NO VISUAL DISTURBANCE NOTED

Comments:WILL REFER TO PROVIDER.

Clinical Reminder(s)/

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

/es/ CHERRY D RODGERS

LPN

Signed: 05/19/2004 09:34

TITLE: PC TELEPHONIC NOTE
DATE OF NOTE: MAY 18, 2004@13:34 ENTRY DATE: MAY 18, 2004@13:35:01
AUTHOR: GORDON,LORETTA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

pre-call

PROVIDER:

APPOINTMENT DATE:

VETERAN TELEPHONE#

OUTCOME OF TELEPHONE INTERVIEW:

- () CALL COMPLETE/SPOKE WITH VETERAN/FAMILY
- () WRONG NUMBER/DISCONNECTED
- () NO ANSWER
- (x) LEFT MESSAGE ON ANSWERING MACHINE

REASON(S):

- () INCARCERATED
- () NO TRANSPORTATION
- () DEATH
- () OTHER

COMMENT(S):

/es/ LORETTA GORDON

LPN

Signed: 05/18/2004 13:35

TITLE: NURSE PRACTITIONER GENERAL NOTE
DATE OF NOTE: MAY 05, 2004@15:51 ENTRY DATE: MAY 05, 2004@15:51:38

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Progress Note

Jan 27, 2005

AUTHOR: BELL, KAREN J
URGENCY:

EXP COSIGNER:
STATUS: COMPLETED

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*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

view alert from radiology: CT of lumbar spine indicated central disc protrusion @L5/S1. Pt having increased back pain, and will request MRI of LS spine

/es/ KAREN BELL, CRNP

Signed: 05/05/2004 15:55

05/05/2004 ADDENDUM

STATUS: COMPLETED

unable to contact pt; left msg w/mother that further back images were being requested and pt would be notified by mail if appts were scheduled.

/es/ KAREN BELL, CRNP

Signed: 05/05/2004 15:57

TITLE: CAVHCS - TAP NOTE

DATE OF NOTE: MAY 03, 2004@11:00:26 ENTRY DATE: MAY 03, 2004@11:23:31

AUTHOR: PRITCHETT, DEMERRYCE BEXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Telecare Note Date: 05/03/2004.

Starting at: 11:00:26 AM; Ending at: 11:20:46 AM; Length: 20 minutes.

Author: PRITCHETT, DEMERRYCE B

Evaluation/Management Code: PHYSICIAN PHONE CONSULTATION (99373).

WORKS, TYRON is assigned to Caller Area MONTGOMERY.

Provider: BELL, KAREN J

Conversation with WORKS, TYRON has a chief complaint of: <not identified>.

Identified problem: OTH UNSP COUNSEL.

Protocol(s) used: <Not identified>.

Caller Response: *OTHER.

ADDITIONAL COMMENTS/INFORMATION:

Comments: VETERAN IS CALLING BECAUSE HIS PROVIDER PUT HIM ON A NEW PRESCRIPTION (TRAMADOL) FOR HIS BACK; IT WORK SOME. (334-277-4129) THE PROVIDER TOLD HIM TO CALL THA IF IT DON'T WORK.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

VISTA Electronic Medical Documentation

WORKS, TYRON

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Progress Note

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HEALTH LINE RN NOTE: Veteran c/o prescription not being completely effective...Pain level 4.

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VISTA NOTIFICATION STATUS: Completed.

URGENCY: Information.

Patient Phone Number: 334-738-3975

<No Contact Phone Number Entered>.

/es/ DEMERRYCE B PRITCHETT

Telephone Healthline RN

Signed: 05/03/2004 11:23

Receipt Acknowledged By:

05/03/2004 12:45 /es/ KAREN BELL, CRNP

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
 DATE OF NOTE: APR 30, 2004@12:01 ENTRY DATE: APR 30, 2004@12:01:19
 AUTHOR: SWEENEY,ARTHEREAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment (x)

Reassessment ()

1. Pain Rating: 0 =No Pain 10= Greatest Pain [4]
2. Are you currently receiving treatment for:
 - () Arthritis () Diabetic Neuropathy
 - () Lower Back Disorders () Herpes Zoster(shingles)
 - () Leg Cramps () Headaches
 - () Other Chronic pain condition (list)
3. Where is your pain? (list) Veteran states pain in lower back area for a couple of months.
 - Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (x) 10
 - Least in last month: () 0 () 1 () 2 () 3 (x) 4 () 5
 () 6 () 7 () 8 () 9 () 10

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Average in last month: () 0 () 1 () 2 () 3 () 4 (x) 5
 () 6 () 7 () 8 () 9 () 10
 Right Now: () 0 () 1 () 2 () 3 (x) 4 () 5
 () 6 () 7 () 8 () 9 () 10
 Patient pain intensity goal: (x) 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

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QUALITY:**Frequency:**

Throbbing (n)	Stabbing (n)	Continual (y)
Sharp (n)	Burning (n)	Intermittent ()
Dull (n)	Aching (n)	With Movement ()
Shooting (n)	Radiating (y)	Less than Daily ()
Numb (n)	Other:	Daily x's

OTHER INDICATORS:

Anxiety ()	Facial Expression (y)
Irritability ()	Restlessness ()
Withdrawal ()	Guarding Behavior ()

EXACERBATING FACTORS:

Movement (y)
 ADL's (y)
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication (y)	Imagery ()
Position (y)	Relaxation (y)
Heat (y)	Activity ()
Cold ()	Describe:

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

- 1.
- 2.
- 3.

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY*****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

General activity () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
 Mood () 0 () 1 () 2 () 3 () 4 () 5

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Progress Note

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Normal Work ()6 ()7 ()8 ()9 ()10
 ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Ability to
 Concentrate: ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Relations with
 other people ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Enjoyment of life ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Sleep ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10

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Plan of Care/Change required (x)yes ()No
 Action:

Action:

Provider notified (x)Yes ()No
 Return Visit Schedule (x)Yes ()No
 Medication for pain ordered (x)Yes ()No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
 ()Yes (x)No
 Education related to pain management:
 ()Yes (x)No
 If yes, patient verbalized understanding:
 ()Yes (x)No

/es/ ARTHUREAN SWEENEY
 REGISTERED NURSE
 Signed: 04/30/2004 12:07

Receipt Acknowledged By:
 04/30/2004 16:46 /es/ KAREN BELL, CRNP

TITLE: NURSE PRACTITIONER GENERAL NOTE
 DATE OF NOTE: APR 30, 2004@11:20 ENTRY DATE: APR 30, 2004@11:20:52
 AUTHOR: BELL, KAREN J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

In for scheduled appt. Seen last month in LSU and given medication, put on

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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bed rest. States back spasms and legs go numb. States legs go numb only when sitting never when standing. Tries to avoid standing because it makes his back hurt worse. States no new injury to back; had gone to bed one night, unable to get up the next morning due to back pain. Took pain med he had from previous episode, pain improved somewhat but came back the next day and pt came to LSU. States back hurts daily, but some days much worse than others. Currently asthma is stable on medication.

(o) A&O x 3; w/dwn AA male nad
nursing assessment viewed and agreed with
heart: RRR: no murmur auscultated
lungs: CTA: good bilateral breath sounds; good chest expansion
marked tenderness in right side of lower back; tenderness on right w/left
SLR:
marked grimacing and remark of pain w/minimal lifting of right leg;

(a) back pain - worsening
asthma - stable
rhinitis - stable
chronic knee pain - stable

(increase ultram to 100 mg qid
pt will call healthline Monday to report on ultram efficacy at increased dose
non-waiting x-ray LS spine today
please schedule CT of spine
continue current meds

/es/ KAREN BELL, CRNP

Signed: 04/30/2004 11:59

04/30/2004 ADDENDUM

STATUS: COMPLETED

pt movements are guarded, deliberate. While sitting on exam table supported his wt w/arms.

/es/ KAREN BELL, CRNP

Signed: 04/30/2004 12:00

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: APR 30, 2004@11:06

ENTRY DATE: APR 30, 2004@11:07:08

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

AUTHOR: LEWIS, FRANCES P
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

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WORKS, TYRON 32
419-08-7667

SUBJECTIVE: Patient states a couple of months ago I woke with severe back pain until the point I could not get out of bed and I was seen in LSU and was put on medication and a week of bed rest, when I have back spasms it make my legs go numb and since then I have been on light duty at work but when I stand for a long period of time it make my back hurt; I am out of medications and would like to get new prescriptions.

111/69 (04/30/2004 11:00)82 (04/30/2004 11:00)18 (04/30/2004 11:00)97.7 F [36.5 C] (04/30/2004 11:00)

PAIN:4 (04/30/2004 11:00)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	ACTIVE

OTC Medicines: Tylenols as needed

Herbals: None

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

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Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 No
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed.
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes

a. ☒ Referred to Dietitian today. Patient reminded of nutrition clinic appointment today.

b. ☐ Referred to Dietitian within one week.

c. ☐ Referred to Dietitian within one month

d. ☐ No Dietitian referral required.

EXERCISE SCREEN:MILD

Comments: Patient reports no routine exercising due to back pain.

Assessment: Patient alert, oriented, respirations regular with ease, ambulatory.

progress note/

N-DEPRESSION SCREENING:

In the past month has the patient been feeling down, depressed, or helpless?

Comment: No

In the past month, has patient had little interest or pleasure in things?

Comment: No

Depression Screen

Result of Exam: Normal

Provider notified of results Yes

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Progress Note

Jan 27, 2005

Comments: Will refer above to provider.

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/es/ FRANCES LEWIS

LPN

Signed: 04/30/2004 11:19

TITLE: LSU PHYSICIAN NOTE

DATE OF NOTE: MAR 30, 2004@18:45

ENTRY DATE: MAR 30, 2004@18:45:13

AUTHOR: BOYD, BILLY W

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

S: c/o low back pain for 1 day. No hx trauma or fall. Locates pain in the paraspinous area bilat. No radicular pain.

O: pain on motion low back

A: low back pain, probably strain

P: toradol for pain; flexeril for spasm; 3 days supply each from LSU stock. 3 days bedrest. Followup with his PCP and team. Return to LSU prn for back films-- not done tonight in view of no trauma.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 03/30/2004 18:48

TITLE: LSU NURSING DISPOSITION NOTE

DATE OF NOTE: MAR 30, 2004@18:40

ENTRY DATE: MAR 30, 2004@18:40:15

AUTHOR: RAIFE, CORINE S

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis: See MD Note

2. Disposition: Home

☒ Follow up clinic appointment. Clinic name: PCP 4/30/04☐ Consult to:☐ Admitted to inpatient unit:☐ Other:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Progress Note

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Left AMA
Comments:

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3. Nursing interventions given in LSU:TRIAGED.DISCHARGE/MEDICATION(S) INSTRUCTIONS REVIEWED WITH VERBALIZATION.INSTRUCTED TO RETURN TO LSU IF SYMPTOMS WORSEN,OTHERWISE TAKE PRESCRIBED MEDICATION(S) AND F/U WITH PC PROVIDER. DISPENSED MEDICATION(S)FROM LSU:TORADOL/FLEXERIL

4. After-care sheet given:
[X] yes, Sheet Title:TORADOL/FLEXERIL
[] no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: [x]yes []no
Family member/significant other present:

6. Condition: [] improved
[x] satisfactory
[] unchanged
[] worse

Comments:ADDITIONAL DISCHARGE/MEDICATION INSTRUCTIONS GIVEN TO VETERAN PER LSU MD.EXITED FROM LSU A/O X 3/AMBULATORY WITH STEADY GAIT.VERBALIZED ALL DC INSTRUCTIONS.

{Attending LSU physician to co-sign this note!}

/es/ CORINE S. RAIFE

RN

Signed: 03/30/2004 18:46

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
DATE OF NOTE: MAR 30, 2004@18:39 ENTRY DATE: MAR 30, 2004@18:39:27
AUTHOR: RAIFE,CORINE S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS,TYRON
SSN: 419-08-7667

Educational Needs Assessment

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

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Progress Note

Jan 27, 2005

Learning Abilities:☒ Reads ☒ Writes

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Readiness to Learn:☒ Receptive ☐ Motivated ☐ Denying ☐ Not Interested

Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial**Translator Required:**☒ No ☐ Yes (contact the hospital operator)**Learning Preferences:**☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other**Learning Needs:**☒ Diagnosis ☐ Safety ☒ Medications ☐ Self Care
☐ Activity ☐ Treatments ☐ Tests ☐ Surgery
☐ Nutrition

Patient's highest grade completed:

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ X
☐ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☒ Pain management
☐ Rehabilitation techniques

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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419087667

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Progress Note

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- ☐ Available community resources
- ☒ When and how to obtain further treatment
- ☐ Personal hygiene and grooming
- ☐ Imaging procedures
- ☐ Food/Drug interaction counseling
- ☐ Other

Recipient of Education; ("X" all that apply)

- ☒ Patient
- ☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).
SEE MD'S NOTERS/NURSE'S DISPOSITION NOTES

Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
- ☐ Written
- ☐ Audio/Visual
- ☐ Demonstration
- ☐ Group/Class
- ☐ Title of handout(s) provided:
- ☐ Other

Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☐ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☒ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian
- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- ☐ Blind Rehabilitation Specialist
☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
☐ Imaging
☐ Other:

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General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comments:

Approved by MRT 5/12/2000

/es/ CORINE S. RAIFE

RN

Signed: 03/30/2004 18:47

TITLE: PRIMARY CARE TRIAGE NOTE
 DATE OF NOTE: MAR 30, 2004@18:34 ENTRY DATE: MAR 30, 2004@18:34:25
 AUTHOR: RAIFE, CORINE S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

WORKS, TYRON 419-08-7667

Age: 32
Gender: MALE

Vital Signs:

T: 97.3 F [36.3 C] (03/30/2004 18:29)
 P: 92 (03/30/2004 18:29)
 R: 20 (03/30/2004 18:29)
 B/P: 141/82 (03/30/2004 18:29)
 PAIN: 8 (03/30/2004 18:29)
 HT: 72 in [182.9 cm] (03/30/2004 18:29)
 WT: 198.4 lb [90.2 kg] (02/25/2004 19:49)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

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Pulse OX: 98%

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MODE OF ARRIVAL: Ambulatory

Other:

Chief Complaint: VETERAN PRESENTS A/O X 3 WITH C/O LOW BACK PAIN SINCE MONDAY. RELATES H/O BACK PROBLEMS. STATES ROBAXIN TAKEN WITH INITIAL EPISODE, WAS EFFECTIVE UNTIL THIS AM. DENIES ANY APPARENT INJURY OR AGGRAVATION. IN NAD.

Was the patient given emergent care prior to arrival?

No

Did you try to do anything to relieve your problem prior to your arrival?

Yes ROBAXIN

Was it effective? Yes ONLY WITH INITIAL EPISODE. REOCCURRED THIS AM

Last Tetanus:

> 5 years

Immunization:

FLU WHOLE	C	10/30/2003 CENTRAL AL	
		09/03/2003 CENTRAL AL	
		pt states he will take the flu shot when available this year.	
	C	01/09/2002 CENTRAL AL	NONE
PNEUMO-VAC		07/22/2002 CENTRAL AL	

Allergies: MUSHROOMS, TYPHOID VACCINE

Herbals: NONE

OTC Medicines: NONE

Active Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- 2) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE ACTIVE
BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED
- 3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY ACTIVE
MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO
NOT CRUSH, BREAK OR CHEW)
- 4) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 ACTIVE
TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR
HEADACHE
- 5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS ACTIVE
EACH NOSTRIL TWICE A DAY FOR CONGESTION
- 6) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE ACTIVE
INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60
DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING
POUCH)
- 7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY 6 HOURS AS NEEDED FOR PAIN

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Triage Category:
Non Urgent

Disposition to:
Primary Care Team: LSU
Other:

/es/ CORINE S. RAIFE
RN
Signed: 03/30/2004 18:38

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
DATE OF NOTE: FEB 25, 2004@20:36 ENTRY DATE: FEB 25, 2004@20:36:36
AUTHOR: WELCH, JANICE L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

Educational Needs Assessment

Learning Abilities:

[x] Reads [x] Writes

Readiness to Learn:

[x] Receptive [] Motivated [] Denying [] Not Interested

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

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☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

Translator Required:

☒ No ☐ Yes (contact the hospital operator)

Learning Preferences:

☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other

Learning Needs:

☐ Diagnosis ☐ Safety ☒ Medications ☐ Self Care
☒ Activity ☐ Treatments ☐ Tests ☐ Surgery
☐ Nutrition

Patient's highest grade completed:12

Significant other's highest grade completed:12

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☐ Pain management
☐ Rehabilitation techniques
☐ Available community resources
☒ When and how to obtain further treatment
☐ Personal hygiene and grooming
☐ Imaging procedures
☐ Food/Drug interaction counseling
☐ Other

Recipient of Education; ("X" all that apply)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- ☒ Patient
☐ Family/caregiver

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Summary of Education Provided: (Document summary of information taught).

see dc note

Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
☒ Written
☐ Audio/Visual
☐ Demonstration
☐ Group/Class
☐ Title of handout(s) provided:
☐ Other

Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
☐ Able to demonstrate skills
☐ Unable to understand
☐ Needs reinforcement; Document follow-up action:
☐ Risks and complications of non-compliance explained
☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
☐ Other:

Discipline of Instructor providing teaching:

- ☒ Physician/Dentist
☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
☐ Psychologist
☐ Dietitian
☐ Social Worker
☐ Pharmacist
☐ Respiratory Therapy
☐ Blind Rehabilitation Specialist
☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
☐ Imaging
☐ Other:

/es/ JANICE L. WELCH RN, BSN
 LSU

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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Signed: 02/25/2004 20:37

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TITLE: INTERDISPLINARY PATIENT AND TEACHING RECORD-PART I
 DATE OF NOTE: FEB 25, 2004@20:35 ENTRY DATE: FEB 25, 2004@20:36:02
 AUTHOR: WELCH,JANICE L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS,TYRON SSN: 419-08-7667

EDUCATIONAL ASSESSMENT (Ability to learn,sensory/other
 limitations past knowledge of
 condition, obstacles to following
 treatment regimen.)

Ability to Read: YES (x) NO ()
 Learns best: () Visual () Hearing (x) Doing
 Barrier: () Emotional () Language () Physical
 () Hearing () Mental (x) None
 Readiness to learn: (x)yes () No

/es/ JANICE L. WELCH RN, BSN
 LSU

Signed: 02/25/2004 20:36

TITLE: LSU NURSING DISPOSITION NOTE
 DATE OF NOTE: FEB 25, 2004@20:34 ENTRY DATE: FEB 25, 2004@20:35:03
 AUTHOR: WELCH,JANICE L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS,TYRON
 SSN: 419-08-7667
 DOB: FEB 6,1972

1. Discharge Diagnosis:see mod note
2. Disposition:
 x Follow up clinic appointment. Clinic name:
 Consult to:
 Admitted to inpatient unit:
 Other:
 Left AMA
 Comments:
3. Nursing interventions given in LSU:monitored vs, x-rays, instruction on

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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HOLD VOLTERAN TILL FINISHED WITH TORADOL
F/U PCC IN 72 HOURS FOR FINAL X-RAY REPORT AND
FURTHER REFERRAL AS NEEDED.

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/es/ HARI S KAPUR

MD

Signed: 02/25/2004 20:36

TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: FEB 25, 2004@19:52 ENTRY DATE: FEB 25, 2004@19:52:56
AUTHOR: SPRING, MARY G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

WORKS, TYRON 419-08-7667

Age: 32

Gender: MALE

Vital Signs:

T: 96.8 F [36.0 C] (02/25/2004 19:49)

P: 72 (02/25/2004 19:49)

R: 16 (02/25/2004 19:49)

B/P: 131/69 (02/25/2004 19:49)

PAIN: 10 (02/25/2004 19:49)

HT: 72 in [182.9 cm] (12/01/2003 17:51)

WT: 198.4 lb [90.2 kg] (02/25/2004 19:49)

MODE OF ARRIVAL: Ambulatory

Other:

Chief Complaint: VETERAN C/O PAIN LEFT FOOT, UNABLE TO BEAR WEIGHT ON
FRONT PART OF FOOT, HIT MIDDLE TOE ON END OF DOOR @ HOME TODAY.

Was the patient given emergent care prior to arrival?

No

Did you try to do anything to relieve your problem prior to your arrival?

No

Was it effective?

Last Tetanus:

Immunization:

Immunization	Series	Date	Facility	Reaction
--------------	--------	------	----------	----------

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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FLU WHOLE C 10/30/2003 CENTRAL AL
09/03/2003 CENTRAL AL

pt states he will take the flu shot when
available this year.

C 01/09/2002 CENTRAL AL NONE
PNEUMO-VAC 07/22/2002 CENTRAL AL

Flu vaccine
Pneumonia vaccine

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:NONE

OTC Medicines:NONE

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	ACTIVE

Triage Category:
Non Urgent

Disposition to:
Primary Care Team: LSU
Other:

/es/ MARY G SPRING

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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RN

Signed: 02/25/2004 19:54

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TITLE: PHYSICIAN NOTE
 DATE OF NOTE: DEC 23, 2003@10:01 ENTRY DATE: DEC 23, 2003@10:03:01
 AUTHOR: CHUNG, TAI Q EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Still has some right knee pain
 Exam: mildly tender at medial femoral condyle
 P: At arthroscopy, it was seen the he had cartilage fraying at the medial femoral condyle. I suspect that this is the source of his continuing pain. Explain. NSAIDs or Tylenol.

/es/ TAI Q CHUNG, MD
 physician
 Signed: 12/23/2003 10:05

TITLE: S/D NURSING NOTE
 DATE OF NOTE: DEC 23, 2003@09:47 ENTRY DATE: DEC 23, 2003@09:47:25
 AUTHOR: WALKER, GLORIA J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

VITAL SIGNS:
 BP: 109/60 (12/23/2003 09:46)
 T: 98.7 F [37.1 C] (12/23/2003 09:46)
 P: 90 (12/23/2003 09:46)
 R: 20 (12/23/2003 09:46)
 WT: 192.8 lb [87.6 kg] (12/23/2003 09:46)
 HT: 72 in [182.9 cm] (12/01/2003 17:51)
 PAIN: 5 (12/23/2003 09:46)

ALLERGIES:
 MUSHROOMS, TYPHOID VACCINE

CLINICAL REMINDER ACTIVITY

N-Tobacco Screen/Cessation:
 Patient is a Lifetime non-tobacco user

N-ALCOHOL SCREEN:

Patient did not drink in the last 12 months. No AUDIT required
 HERE FOR FOLLOW UP WITH DR.CHUNG REGARDING RT KNEE PAIN.REFERRED TO DR.CHUNG.NO ACUTE DISTRESS NOTED.

/es/ GLORIA J WALKER
 RN
 Signed: 12/23/2003 09:48

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

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TITLE: S/D NURSING NOTE
 DATE OF NOTE: DEC 22, 2003@10:20 ENTRY DATE: DEC 22, 2003@10:20:56
 AUTHOR: WALKER, GLORIA J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

VITAL SIGNS:

BP: 120/75 (12/01/2003 17:51)
 T: 97.8 F [36.6 C] (12/01/2003 17:51)
 P: 108 (12/01/2003 17:51)
 R: 21 (12/01/2003 17:51)
 WT: 186.8 lb [84.9 kg] (12/01/2003 17:51)
 HT: 72 in [182.9 cm] (12/01/2003 17:51)
 PAIN: 0 (12/01/2003 17:51)

ALLERGIES:

MUSHROOMS, TYPHOID VACCINE
 VETS MOTHER NOTIFIED THAT VET HAVE A 1000 APPT IN AM WITH DR.CHUNG AND VETS
 MOTHER INFORMED WRITER THAT SHE WILL NOTIFY HER SON.

/es/ GLORIA J WALKER

RN

Signed: 12/22/2003 10:22

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
 DATE OF NOTE: DEC 01, 2003@20:19 ENTRY DATE: DEC 01, 2003@20:19:10
 AUTHOR: VESSELLS, NANCY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

Educational Needs Assessment**Learning Abilities:**

[x] Reads [x] Writes

Readiness to Learn:

[x] Receptive [] Motivated [] Denying [] Not Interested

Barriers to Learning: Select items that describe barriers to learning. If
 there are no barriers, select None.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

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Translator Required:

☒ No ☐ Yes (contact the hospital operator)

Learning Preferences:

☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other

Learning Needs:

☒ Diagnosis ☒ Safety ☒ Medications ☒ Self Care
☐ Activity ☐ Treatments ☐ Tests ☐ Surgery
☐ Nutrition

Patient's highest grade completed:

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☒ Pain management
☐ Rehabilitation techniques
☐ Available community resources
☒ When and how to obtain further treatment
☐ Personal hygiene and grooming
☐ Imaging procedures
☐ Food/Drug interaction counseling
☐ Other

Recipient of Education; ("X" all that apply)

☒ Patient
☐ Family/caregiver

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Summary of Education Provided: (Document summary of information taught). 271
Pt. teaching provided on current medications, safety, self care, and to F/U
w/ primary care physician. Pt. verbalized understanding of instructions
provided.

Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
- ☐ Written
- ☐ Audio/Visual
- ☐ Demonstration
- ☐ Group/Class
- ☒ Title of handout(s) provided: Micromedics Care Plan
- ☐ Other

Outcome: (Select the item(s) that describes the outcome of
teaching/learning process).

- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☒ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and
inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☒ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian
- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy
- ☐ Blind Rehabilitation Specialist
- ☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy,
Recreation, Music)
- ☐ Imaging
- ☐ Other:

General Equipment Certification Training:

Type of Equipment:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

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Comments:

Approved by MRT 5/12/2000

/es/ NANCY VESSELLS

RN BSN

Signed: 12/01/2003 20:19

TITLE: LSU NURSING DISPOSITION NOTE

DATE OF NOTE: DEC 01, 2003@20:13

ENTRY DATE: DEC 01, 2003@20:14:03

AUTHOR: VESSELLS, NANCY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis: See MD notes

2. Disposition:

☒ Follow up clinic appointment. Clinic name: PCC☐ Consult to:☐ Admitted to inpatient unit:☐ Other:☐ Left AMA

Comments:

3. Nursing interventions given in LSU: VS, Assessments, IVL/IVPB, take home meds, pt. instructed on meds, safety, self-care, and return to facility if status changes. Pt verbalizes understanding of instructions.

4. After-care sheet given:

[x] yes, Sheet Title: Micromedics care note

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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[] no

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(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: [x] yes [] no
Family member/significant other present:

6. Condition: [] improved
[x] satisfactory
[] unchanged
[] worse

Comments:

Veteran ambulated from lsu w/ steady gait. Veteran sttaes breathing has improved a little w/ the nebulizer treatment. An IV dose of Solu-Medrol was given IVPB, Veteran tolerated well. No questions or concerns verbalized. Veteranin NAD at discharge from Lsu.

{Attending LSU physician to co-sign this note!}

/es/ NANCY VESSELLS

RN BSN

Signed: 12/01/2003 20:18

Receipt Acknowledged By:

* AWAITING SIGNATURE * KAPUR, HARI S

TITLE: LSU NURSING NOTE

DATE OF NOTE: DEC 01, 2003@18:53

ENTRY DATE: DEC 01, 2003@18:53:55

AUTHOR: MCCANTS, ANNIE M

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU NURSING NOTE Has ADDENDA ***

22 gauge Jelco inserted to left hand. Tolerated procedure well and w/o c/o.

/es/ ANNIE M MCCANTS

LPN

Signed: 12/01/2003 18:54

12/01/2003 ADDENDUM

STATUS: COMPLETED

1900- 125mg Solu-Medrol started IVPB. PCXR done. Solu-Medrol ifusing w/o difficulty.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Progress Note

Jan 27, 2005

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/es/ NANCY VESSELLS
RN BSN
Signed: 12/01/2003 19:03

TITLE: TAP DAYTON TELE-NURSE TRIAGE NOTE
DATE OF NOTE: DEC 01, 2003@18:21:39 ENTRY DATE: DEC 01, 2003@17:28:57
AUTHOR: BREIDENBACH, JANET K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Telecare Note Date: 12/01/2003.
Starting at: 6:21:39 PM; Ending at: 6:27:47 PM; Length: 6 minutes.
Author: BREIDENBACH, JANET K
Evaluation/Management Code: PHYSICIAN PHONE CONSULTATION (99372).
WORKS, TYRON is assigned to Caller Area MONTGOMERY.
Provider: BELL, KAREN J

Conversation with WORKS, TYRON has a chief complaint of: Cough.

Identified problem: Cough.

-----DSHI Disposition Report-----
TRIAGE SUPPORT SYSTEM DISPOSITION REPORT

Encounter duration: 4 minutes 45 seconds
Nurse name: BREIDENBACH, JANET K

PATIENT INFORMATION

SSN: 419087667
Name: TYRON WORKS
Gender: Male
Age: 31 years
VA Facility: CAVHCS VAMC Montgomery and Tuskegee), -- self --

ENCOUNTER INFORMATION

Chief complaint: Cough
Duration of complaint: 1/2 Hours
Pain Level:: N/A
Follow-up interval (recommended): 12-24 hours
Follow-up interval (actual): Urgent
Follow-up location: Emergency room, VA
Caller response: Compliant
Modifier: Severity
Redirection survey: I would have gone to the emergency room today

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

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POSITIVE: you have NEW or WORSENING difficulty breathing
 POSITIVE: you have difficulty breathing in between your episodes of coughing
 POSITIVE: you feel like you are having an asthma attack
 POSITIVE: a doctor has diagnosed you with asthma
 POSITIVE: you are unable to measure your peak flow (PEFR)

NURSE COMMENTS

Client has new tightness in chest with cough. He used his inhaler and breathing is steadily worsening. He is only 5 minutes from the VA, so he will go there for evaluation.

-----End DSHI Disposition Report-----

Caller Response: ER-VAMC.

ADDITIONAL COMMENTS/INFORMATION:

VISTA NOTIFICATION STATUS: Completed.

URGENCY: Information.

Patient Phone Number: 334-738-3975

Contact Phone Number: 334-277-4129.

/es/ JANET K BREIDENBACH

Signed: 12/01/2003 17:29

Receipt Acknowledged By:

12/02/2003 16:04 /es/ KAREN BELL, CRNP

TITLE: LSU PHYSICIAN NOTE

DATE OF NOTE: DEC 01, 2003@18:12 ENTRY DATE: DEC 01, 2003@18:12:37

AUTHOR: DAUGHERTY, GEOFFREY W EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU PHYSICIAN NOTE Has ADDENDA ***

31 yo male with 3 year history asthma - has been mild, controlled with home treatments, and never required admission or even an ER visit for treatment in past. Today sitting on couch at home, developed wheezing, chest tightness, cough, dyspnea over one hour without any known exacerbating factor - no recent URI, chemical exposures, etc. Came to ER due to dyspnea.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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PMHx: Chronic knee arthritis, asthma - otherwise healthy.

Medications - See triage list - on albuterol MDI PRN, Serevent Discus one inhalation BID, plus other listed medications.

PE: VS normal except pulse 108, resp 21 with mildly labored breathing. SaO2 97%. No distress except dyspneic with wheezing bilaterally, decreased air movement, and mildly increased work of breathing.

ASSESSMENT: ASTHMATIC EXACERBATION

PLAN: Give series of combivent inhalations, also give SoluMedrol 125 mg. IVPB, and if improving enough to discharge would send home with medrol dosepak and his usual updrafts.

Patient left with Dr. Kapur at end of shift.

/es/ GEOFFREY W DAUGHERTY
PHYSICIAN

Signed: 12/01/2003 18:25

12/01/2003 ADDENDUM

STATUS: COMPLETED

PRELIMINARY CXR NO ACTIVE INFILTRATE
NO PREVIOUS FILMS FOR COMPARISION
MEDROL DOSEPAK AS DIRECTED/es/ HARI S KAPUR
MD

Signed: 12/01/2003 19:11

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: DEC 01, 2003@17:53

ENTRY DATE: DEC 01, 2003@17:53:37

AUTHOR: RAIFE, CORINE S

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON

419-08-7667

Age: 31
Gender: MALE

Vital Signs:

T: 97.8 F [36.6 C] (12/01/2003 17:51)

P: 108 (12/01/2003 17:51)

R: 21 (12/01/2003 17:51)

B/P: 120/75 (12/01/2003 17:51)

PAIN: 0 (12/01/2003 17:51)

HT: 72 in [182.9 cm] (12/01/2003 17:51)

WT: 186.8 lb [84.9 kg] (12/01/2003 17:51)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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MODE OF ARRIVAL: Ambulatory
Other:

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Chief Complaint: VETERAN PRESENTS A/O X 3 WITH C/O CHEST TIGHTNESS WITH PRODUCTIVE COUGH OF CLEAR SPUTUM, APPROX. 1 HOUR PRIOR TO ARRIVAL. RELATES HAS H/O ASTHMA; INHALERS INEFFECTIVE. O2 SAT. 97%. NON-PRODUCTIVE COUGH @ INTERVALS DURING TRIAGE. ESCORTED TO BED # 4 AND GIVEN ALBUTEROL/ATROVENT NEBUIZER TREATMENT, IN NAD.

Was the patient given emergent care prior to arrival?
No

Did you try to do anything to relieve your problem prior to your arrival?

Yes PRESCRIBED INHALERS

Was it effective? No

Last Tetanus:
> 5 years

Immunization:

FLU WHOLE C 10/30/2003 CENTRAL AL

09/03/2003 CENTRAL AL

pt states he will take the flu shot when available this year.

PNEUMO-VAC C 01/09/2002 CENTRAL AL NONE

07/22/2002 CENTRAL AL

Allergies: MUSHROOMS, TYPHOID VACCINE
Herbals: NONE

OTC Medicines: NONE

Active Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- 3) DECONAMINE SR (PSEUDO 120/CTM 8) CAP TAKE 1 CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED ACTIVE
 - 4) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW) ACTIVE
 - 5) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR HEADACHE ACTIVE
 - 6) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION ACTIVE
 - 7) IBUPROFEN * 800MG (MOTRIN) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY WITH FOOD FOR INFLAMMATION/PAIN. ACTIVE
 - 8) INFLUENZA VACCINE 0.5ML INJ INJECT FLU INTRAMUSCULARLY ONCE *ADMINISTERED IN CLINIC* ACTIVE
 - 9) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH) ACTIVE
 - 10) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN ACTIVE

Triage Category:
Emergent

Disposition to:

Primary Care Team: LSU

Other:

/es/ CORINE S. RAIFE

RN

Signed: 12/01/2003 18:04

TITLE: PHYSICIAN NOTE

DATE OF NOTE: NOV 25, 2003@11:26

ENTRY DATE: NOV 25, 2003@11:27:08

AUTHOR: CHUNG, TAI Q

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Had right knee arthroscopy. Did well until one month ago when he starts getting pain without any new injury. Slight swelling and giving way.

EXAM: slight tenderness at anterior MJL and LJL and patellar facets. No effusion. 0 to 120 degrees of flexion. No instability.

P: Try ibuprofen 800 mg po tid with food. RTC 3 weeks.

/es/ TAI Q CHUNG, MD

physician

Signed: 11/25/2003 11:33

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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TITLE: PC-NURSING EXIT INTERVIEW
 DATE OF NOTE: OCT 30, 2003@12:13 ENTRY DATE: OCT 30, 2003@12:13:51
 AUTHOR: SWEENEY,ARTHEREAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
 SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (z) No ()
3. Do you know what to do if your condition get worse? Yes () No ()
z
4. Do you feel that you were involved in decision making about your care? Yes (z) No ()
5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (z)
6. Other Comments:
 Veteran verbalized understanding of health care today.

/es/ ARTHREAN SWEENEY
 REGISTERED NURSE
 Signed: 10/30/2003 12:14

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
 DATE OF NOTE: OCT 30, 2003@12:07 ENTRY DATE: OCT 30, 2003@12:07:33
 AUTHOR: SWEENEY,ARTHEREAN EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment (x)
 Reassessment ()

1. Pain Rating: 0 =No Pain 10= Greatest Pain [6]

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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2. Are you currently receiving treatment for:

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- ☐ Arthritis ☐ Diabetic Neuropathy
☐ Lower Back Disorders ☐ Herpes Zoster (shingles)
☐ Leg Cramps ☐ Headaches
☐ Other Chronic pain condition (list)

3. Where is your pain? (list) Complains of headache and right knee pain for a long period of time years.

- Worst in last month: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☒ 10
 Least in last month: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5
 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Average in last month: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5
 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Right Now: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 ☒ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Patient pain intensity goal: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

QUALITY:

Frequency:

- | | | |
|---|--|---|
| Throbbing <input type="checkbox"/> | Stabbing <input type="checkbox"/> | Continual <input checked="" type="checkbox"/> Head |
| Sharp <input checked="" type="checkbox"/> | Burning <input type="checkbox"/> | Intermittent <input checked="" type="checkbox"/> Knee |
| Dull <input checked="" type="checkbox"/> | Aching <input checked="" type="checkbox"/> | With Movement <input checked="" type="checkbox"/> |
| Shooting <input type="checkbox"/> | Radiating <input type="checkbox"/> | Less than Daily <input type="checkbox"/> |
| Numb <input type="checkbox"/> | Other: | Daily x's |

OTHER INDICATORS:

- | | |
|---------------------------------------|--|
| Anxiety <input type="checkbox"/> | Facial Expression <input type="checkbox"/> |
| Irritability <input type="checkbox"/> | Restlessness <input type="checkbox"/> |
| Withdrawal <input type="checkbox"/> | Guarding Behavior <input type="checkbox"/> |

EXACERBATING FACTORS:

- Movement ☒ Walking and standing knee pain
 ADL's ☐
 Stress ☐
 Treatments ☐
 Others: No exacerbating factor for headache just occur

ALLEVIATING FACTORS:

- | | |
|--|-------------------------------------|
| Medication <input type="checkbox"/> | Imagery <input type="checkbox"/> |
| Position <input type="checkbox"/> | Relaxation <input type="checkbox"/> |
| Heat <input type="checkbox"/> | Activity <input type="checkbox"/> |
| Cold <input checked="" type="checkbox"/> | Describe: Massage |

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

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1.

2.

3.

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY****

Pain Interference: 0-does not interfere 10-Completely interferes

3-sleep

Headache effects all activities.

General activity ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Mood ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Normal Work ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 ()10

Ability to

Concentrate: ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Relations with

other people ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Enjoyment of life ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Sleep ()0 ()1 ()2 ()3 ()4 ()5

()6 ()7 ()8 ()9 (x)10

Plan of Care/Change required ()yes ()No

Action:

Action:

Provider notified (x)Yes ()No

Return Visit Schedule ()Yes ()No

Medication for pain ordered ()Yes ()No

Non-pharmacological treatment type:

Referral to Pain Management Program:

()Yes ()No

Education related to pain management:

()Yes ()No

If yes, patient verbalized understanding:

()Yes ()No

/es/ ARTHUREAN SWEENEY

REGISTERED NURSE

Signed: 10/30/2003 12:13

Receipt Acknowledged By:

10/31/2003 08:01 /es/ KAREN BELL, CRNP

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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419087667

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Progress Note

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TITLE: NURSE PRACTITIONER GENERAL NOTE
 DATE OF NOTE: OCT 30, 2003@11:33 ENTRY DATE: OCT 30, 2003@11:33:21
 AUTHOR: BELL, KAREN J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

In for scheduled visit. Pain in (R) knee for past several wks; feels like pain is deep in knee. Ice & massage help. Had knee surgery in Aug; Sinus congestion again, seasonal. ED occurs frequently and is on medication for migraine prophylaxis. States received a huge shipment of inhalers, and is well supplied w/them. Had a little problems w/asthma last wk w/weather changes.

(o) A&O x 3: wdown male nad
 vs as taken today per nurse
 heart: RRR: no M auscultated
 lungs: CTA: good bilateral breath sounds, good expansion
 extrem: pain on extension and flexion of (r) knee and on standing.

(a) knee pain
 hx asthma
 migraine
 ED

(p) referred back to ortho clinic
 stop propranolol
 esgic for HA
 flu vaccine - done
 rtc 5-6 mo w/dietary appt

/es/ KAREN BELL, CRNP

Signed: 10/30/2003 12:08

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
 DATE OF NOTE: OCT 30, 2003@11:20 ENTRY DATE: OCT 30, 2003@11:20:58
 AUTHOR: LEWIS, FRANCES P EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
 SSN: 419-08-7667

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Educational Needs Assessment

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Learning Abilities:

[yes] Reads [yes] Writes

Readiness to Learn:

[yes] Receptive [] Motivated [] Denying [] Not Interested

Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

[x]None [] Not Interested [] Memory [] Motivation
 [] Cognition [] Sedation [] Visual [] Hearing
 [] Language [] Emotional State [] Cultural [] Financial

Translator Required:

[x]No [] Yes (contact the hospital operator)

Learning Preferences:

[] Audio Tapes
 [] Video Tapes
 [] Direct Teaching
 [yes] Other-Doing

Learning Needs:

[] Diagnosis [yes] Safety [yes] Medications [yes] Self Care
 [yes] Activity [] Treatments [] Tests [] Surgery
 [yes] Nutrition

Patient's highest grade completed: "Grade 12 & 4 yrs of college"

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

[yes] Safe and effective use of medications
 [yes] Nutrition intervention/counseling and/or diet modification

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- ☐ Safe and effective use of medical equipment
- ☐ Pain management
- ☐ Rehabilitation techniques
- ☐ Available community resources
- [yes] When and how to obtain further treatment
- ☐ Personal hygiene and grooming
- ☐ Imaging procedures
- ☐ Food/Drug interaction counseling
- [yes] Other

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Recipient of Education; ("X" all that apply)

- [yes] Patient
- ☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).

Encouraged to exercise 30 min 3-4 times weekly to maintain weight control; helps to strengthen lungs and promote better circulation; helps to relieve stress and pain; helps prevent disease processes such as htn, diabetes, high cholesterol and heart. Discussed: flu shot, bmi-25, weight maintenance, seatbelt and sunscreen uses, taking medications as prescribed. Encouraged to eat well balance meals, low salt, low sugar, low carbohydrate and low fat intakes. Writer verbally demonstrated correct usage of oral inhaler and patient returned correct usage verbally. Reinforced usage of telephone program and appointment scheduling in which patient acknowledges he already has telephone numbers.

Teaching Method: ("X" all that describes the teaching methods used).

- [yes] Verbal
- ☐ Written
- ☐ Audio/Visual
- [yes] Demonstration
- ☐ Group/Class
- ☐ Title of handout(s) provided:
- ☐ Other

Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- [yes] Verbalized understanding
- [yes] Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☐ Risks and complications of non-compliance explained

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- [] Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- [] Other:

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Discipline of Instructor providing teaching:

- [] Physician/Dentist
- [yes] Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- [] Psychologist
- [] Dietitian
- [] Social Worker
- [] Pharmacist
- [] Respiratory Therapy
- [] Blind Rehabilitation Specialist
- [] Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
- [] Imaging
- [] Other:

General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comments:

Approved by MRT 5/12/2000

/es/ FRANCES LEWIS

LPN

Signed: 10/30/2003 12:12

Receipt Acknowledged By:

10/31/2003 13:53 /es/ KAREN BELL, CRNP

TITLE: PC NURSING SCREENING NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Jan 27, 2005

DATE OF NOTE: OCT 30, 2003@11:04

ENTRY DATE: OCT 30, 2003@11:05:04

AUTHOR: LEWIS, FRANCES P

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

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WORKS, TYRON 31
419-08-7667

SUBJECTIVE: Patient states I am having a headache and slight right knee pain and pains of 6 at present; would like to get a flu shot; would like to get written refills on medications; I am here for follow up on headache medication.

110/61 (10/30/2003 10:59) 64 (10/30/2003 10:59) 20 (10/30/2003 10:59) 97.7 F [36.5 C] (10/30/2003 10:59)

PAIN: 6 (10/30/2003 10:59)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
2) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
3) PROPRANOLOL * 10MG (INDERAL) TAB TAKE ONE TABLET BY MOUTH EVERY DAY TO PREVENT MIGRAINE (*WILL TITRATE AS BLOOD PRESSURE ALLOWS*).	ACTIVE
4) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	ACTIVE

OTC Medicines: None

Herbals: None

Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 No
2. BMI <21 No-25
3. Unintentional weight loss/gain of 5 pounds or more in the past month No

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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4. Follow-up nutrition education needed. Yes

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5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes

EXERCISE SCREEN:MILD

Comments: Patient reports I do the therapy legs exercises every day and try to walk when pain permits.

Assessment: Patient alert and oriented. Respirations regular with ease. Patient ambulatory.

CLINICAL REMINDER ACTIVITY**N-Education Assessment:**

Patient had no barriers to learning recorded.

Comment: Patient denies barriers to learning.

Best learning methods.

Comment: Doing, Group Class

Patient's readiness to learn was:

Comment: Good

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

N-FLU SHOT:

Documentation of flu shot

Patient denies allergy to eggs. Patient denies prior influenza vaccine this flu season Flu shot given by standing order.

Series: Complete

Injection site

Comment: Left arm

Lot Number used for injection

Comment: U1146BA EXP-30JUN04

PATIENT EDUCATION: explanation of possible adverse side effects.

Patient verbalized understanding.

Level of Understanding: Good

Comments: Will refer above to provider

/es/ FRANCES LEWIS

LPN

Signed: 10/30/2003 11:20

TITLE: PC TELEPHONIC NOTE

DATE OF NOTE: OCT 29, 2003@15:31

ENTRY DATE: OCT 29, 2003@15:31:22

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Jan 27, 2005

AUTHOR: LEWIS, FRANCES P
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

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Subject: Pre-Call

Clinic: M-K Bell NP

Date/Time of appointment: 10/29/03 @ 1100

Lab appointment: Yes @ 1000

Pre-call outcome telephone attempted:

- ☐ Talked with patient reminded of above clinic appointment.
- ☐ Talked with family member/significant other and reminded of above appointment:
- ☒ Message left on answering machine reminded of above appointments.
- ☐ Unable to reach patient to remind of above appointments.

Reminded of scheduled lab work:

Nothing to eat or drink after midnight: (x)Yes ()No

/es/ FRANCES LEWIS

LPN

Signed: 10/29/2003 15:34

TITLE: PM&RS KINESIOTHERAPY

DATE OF NOTE: OCT 01, 2003@10:06:54 ENTRY DATE: OCT 01, 2003@10:06:55

AUTHOR: BONNETT, DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

DISCHARGE NOTE KINESIOTHERAPY

INITIAL VISIT: 8-11-03 FINAL VISIT: 9-25-03

TOTAL VISITS: 15

O-MR. WORKS HAD EXCELLENT RECOVERY FROM RT KNEE ARTHROSCOPY AND MEDIAL MENISECTOMY. THE ROM RT KNEE WAS 120 DEGREES ON LAST VISIT WITH GOOD STRENGTH. HE WAS AMBULATORY WITHOUT ANY ASSISTIVE DEVICE.

A-S/P RT KNEE ARTHROSCOPY AND MEDIAL MENISECTOMY

P-DISCHARGED FROM OUTPATIENT THERAPY. THIS VETERAN RETURNED TO WORK ON 9-22-03.

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 10/01/2003 10:16

TITLE: PM&RS KT DAILY SUMMARY

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

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Progress Note

Jan 27, 2005

DATE OF NOTE: SEP 25, 2003@13:25:27 ENTRY DATE: SEP 25, 2003@13:25:27
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

289

Patient Name: WORKS, TYRON
 SSN: 419-08-7667

Length of time patient was treated: 45 MIN

Where patient was treated: Clinic (X) Bedside ()

Motivation: GOOD

Mobility: Wheelchair () Ambulatory (X)

Device: Issue () or Practice ()

Cognitive Status: ALERT WELL ORIENTED

MR. WORKS WAS SEEN BY DELORIS SWEENEY ON 9-24-03.

Exercises:

Reps:

Mat () Rom (X) Strengthening (X) General Conditioning ()

Modalities: CYBEX FITRON STATIONARY BICYCLE

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/25/2003 13:27

TITLE: PM&RS KINESIOTHERAPY

DATE OF NOTE: SEP 19, 2003@14:49:13 ENTRY DATE: SEP 19, 2003@14:49:14

AUTHOR: BONNETT,DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

KINESIOTHERAPY NOTE

O-MR. WORKS HAS MADE EXCELLENT PROGRESS IN POST-OP REHAB FROM RT KNEE ARTHROSCOPY AND MEDIAL MENIESECTOMY HE HAD ON 8-21-03. HE NOW HAS FULL ROM IN RT KNEE WITH GOOD STRENGTH.

A-S/P RT KNEE SURGERY 8-21-03

P-HE WILL RETURN TO WORK NEXT MONDAY 9-22-03 AND BE SEEN FOR ONE MORE WEEK OF OUTPATIENT THERAPY

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/19/2003 14:58

TITLE: PM&RS KT DAILY SUMMARY

DATE OF NOTE: SEP 17, 2003@15:33:45 ENTRY DATE: SEP 17, 2003@15:33:45

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Progress Note

Jan 27, 2005

AUTHOR: BONNETT,DANNY L
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

290

Patient Name: WORKS, TYRON
SSN: 419-08-7667

Length of time patient was treated: 60 MIN

Where patient was treated: Clinic (X) Bedside ()

Motivation: GOOD

Mobility: Wheelchair () Ambulatory (X)

Device: Issue () or Practice ()

Cognitive Status: ALERT WELL ORIENTED

Exercises: Reps:
Mat () Rom (X) Strengthening (X) General Conditioning ()

Modalities: CYBEX FITRON STATIONARY BICYCLE

/es/ DANNY L. BONNETT
KINESIOTHERAPIST
Signed: 09/17/2003 15:35TITLE: PM&RS KT DAILY SUMMARY
DATE OF NOTE: SEP 15, 2003@14:57:45 ENTRY DATE: SEP 15, 2003@14:57:45
AUTHOR: BONNETT,DANNY L EXP COSIGNER:
URGENCY: STATUS: COMPLETEDPatient Name: WORKS, TYRON
SSN: 419-08-7667

Length of time patient was treated: 45 MIN

Where patient was treated: Clinic (X) Bedside ()

Motivation: GOOD

Mobility: Wheelchair () Ambulatory (X)

Device: Issue () or Practice ()

Cognitive Status: ALERT, WELL ORIENTED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
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Exercises: Reps:
 Mat () Rom (X) Strengthening (X) General Conditioning ()

Modalities: CYBEX FITRON STATIONARY BICYCLE

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/15/2003 15:00

TITLE: PM&RS KT DAILY SUMMARY
 DATE OF NOTE: SEP 12, 2003@15:12:07 ENTRY DATE: SEP 12, 2003@15:12:07
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON
 SSN: 419-08-7667

Length of time patient was treated: 45 min

Where patient was treated: Clinic (x) Bedside ()

Motivation: good

Mobility: Wheelchair () Ambulatory (x)

Device: Issue () or Practice ()

Cognitive Status: alert, well oriented

Exercises: Reps:
 Mat () Rom (x) Strengthening (x) General Conditioning ()

Modalities: cybex fitron stationary bicycle

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/12/2003 15:13

TITLE: PM&RS KINESIOTHERAPY
 DATE OF NOTE: SEP 10, 2003@11:05:55 ENTRY DATE: SEP 10, 2003@11:05:55
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

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KINESIOTHERAPY NOTE , PM&R

O-MR.WORKS CONTINUES TO AMBULATE WELL WITH A WALKING CANE AND IS ABLE TO AMBULATE AROUND HIS HOUSE WITHOUT ANY ASSISTIVE DEVICE.THE RT KNEE ROM IS WNL'S AND STRENGTH IS INCREASING WITH PRE ROUTINES.

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A-S/P RT KNEE ARTHROSCOPY

P-CONTINUE TO SEE 3X WEEKLY

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/10/2003 11:11

TITLE: PM&RS KINESIOTHERAPY

DATE OF NOTE: SEP 08, 2003@15:34:59 ENTRY DATE: SEP 08, 2003@15:35:01

AUTHOR: BONNETT,DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

KINESIOTHERAPY NOTE

O-MR.WORKS WAS ISSUED A WALKING CANE TODAY AND HE IS ABLE TO AMBULATE WELL WITH NO C/O PAIN IN RT KNEE.

A-S/P RT KNEE ARTHROSCOPY

P-WILL CONTINUE OUTPATIENT THERAPY 3X WEEKLY FOR TWO WEEKS

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/08/2003 15:39

TITLE: PM&RS KINESIOTHERAPY

DATE OF NOTE: SEP 04, 2003@14:31:22 ENTRY DATE: SEP 04, 2003@14:31:22

AUTHOR: BONNETT,DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

KINESIOTHERAPY NOTE

O-MR.WORKS WAS SEEN TODAY FOR ROM/STRENGTHENING EXERCISES FOR RT KNEE UTILIZING THE CYBEX FITRON BICYCLE.HE NOW HAS 95-100 DEGREES RT KNEE FLEXION AND FULL EXTENSION.

A-ARTHROSCOPIC SURGERY RT KNEE 8-21-03

P-WILL CONTINUE OUTPATIENT THERAPY 3X WEEKLY FOR 3 WEEKS

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/04/2003 14:37

TITLE: NUTRITION - OUTPATIENT

DATE OF NOTE: SEP 03, 2003@11:22

ENTRY DATE: SEP 03, 2003@11:22:58

AUTHOR: THORNTON,TRACEY E

EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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URGENCY:

STATUS: COMPLETED

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Team B-Yellow-K. Bell
Medical Nutrition Assessment

WORKS, TYRON
419-08-7667

S/O-Current diet at home-Regular. Meal consumption level-good.

Dx: Migraine

Food allergies-Milk, Mushroom. B/P:121/65 (09/03/2003 09:08) BMI=24

Dental Status: x Natural Dentures Partial Edentulous

Patient height: 72 in [182.9 cm] (09/03/2003 09:08)

Pt. weight: 180 lb [81.8 kg] (09/03/2003 09:08)

Patient consumes 1-2 meals per day. Patient has no h/o alcohol tobacco nor herbal use. Constipation: Yes-due to Rx Diarrhea: No

Patient takes most meals at home. Social Issues: Daughter Lives w/Pt

LMD: Yes-Williams OTC: 0

Current Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) CYCLOBENZAPRINE 10MG (FLEXERIL) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY DISPENSED FROM ACUTE CARE CLINIC	ACTIVE
4) DIAZEPAM 5MG/ML (VALIUM) 2ML/AMP INJECT 5MG/1ML IVP STAT DISPENSED FROM ACUTE CARE CLINIC	ACTIVE
5) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
6) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
7) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
8) LORTAB 10 (HYDROCODONE 10MG/APAP 500) TAKE 1 TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN	ACTIVE
9) PROPRANOLOL * 10MG (INDERAL) TAB TAKE ONE TABLET BY MOUTH EVERY DAY TO PREVENT MIGRAINE (*WILL TITRATE AS BLOOD PRESSURE ALLOWS*).	ACTIVE (S)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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- 10) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH ACTIVE
TWICE A DAY (SHAKE WELL BEFORE USING)
- 11) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH ACTIVE
EVERY 6 HOURS AS NEEDED FOR PAIN

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BUN: 9 mg/dL (08/21/2003 07:51)
 Creatinine: 0.9 mg/dl (08/21/2003 07:51)
 Potassium: 3.9 meq/L (08/21/2003 07:51)
 Cholesterol: 134 mg/dL (04/10/2002 07:36)
 Triglycerides: 34 mg/dL L (04/10/2002 07:36)
 HDL: 39.0 mg/dl (04/10/2002 07:36)
 LDL: 88 mg/dl (04/10/2002 07:36)
 VLDL: 6.80 MG/DL (04/10/2002 07:36)
 SGOT: 22 IU/L (05/08/2003 23:30)
 GLUCOSE: 96 mg/dL (08/21/2003 07:51)
 Hemoglobin A1C: _____
 Hemoglobin: 14.2 g/dL (08/05/2003 09:02)
 Hematocrit: 41.6 % (08/05/2003 09:02)
 Microalbumin: _____
 Urine Glucose: NEGATIVE (10/23/2001 14:54)
 Urine Protein: NEGATIVE (10/23/2001 14:54)
 Albumin: 3.8 g/dL (05/08/2003 23:30)

A/P-Nutritional status: Normal.

Current diet is meeting the needs of the patient.

Diet education provided on: No caffeine

Copy of diet provided and principles reviewed with pt.

Expected results of diet education-fair

Devices Used: _____ Glucose Monitor _____ B/P Monitor ___x___ NONE

Recommendations: f/u and monitor progress; encourage diet compliance;

f/u with lab data. PLAN OF CARE: Exercise: Increase as tolerated

Weight: Maintain wgt.

Follow-up in Nutrition Clinic: 12-18 months

/es/ T. ELAINE THORNTON, MBA, RD, LD

Clinical Dietitian

Signed: 09/03/2003 11:28

TITLE: PC-NURSING EXIT INTERVIEW

DATE OF NOTE: SEP 03, 2003@11:06

ENTRY DATE: SEP 03, 2003@11:06:21

AUTHOR: TALLEY, ANNIE D

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: WORKS, TYRON

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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SSN: 419-08-7667

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1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()

2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()

3. Do you know what to do if your condition get worse? Yes (x) No ()

4. Do you feel that you were involved in decision making about your care?

Yes (x) No ()

5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x)

6. Other Comments:

/es/ ANNIE D TALLEY

RN,BSN,MS

Signed: 09/03/2003 11:07

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: SEP 03, 2003@10:47

ENTRY DATE: SEP 03, 2003@10:48:02

AUTHOR: BELL,KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

SUBJECTIVE:

In for routine visit: late for appt & seen at this time. Knee improving from surgery, still on crutches. Currently in PT for strengthening knee. Continues to have migraines.

(o) A&O x 3: wdown AA male nad; currently ambulating w/crutches due to recent knee surgery

vs as taken today per nurse

Heart: RRR: no M auscultated

lungs: CTA: good bilateral breath sounds

extrem: no cyanosis or edema: 3 small incisional sites on (r) knee: no s/s infection

(a) recent knee surgery

hx migraines

(p) labs, CT results discussed

refer today to dietary

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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start very low dose inderal for migraine prophylaxis; will titrate as bp allows

rtc 6-7 wks w/chem 7

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/es/ KAREN BELL, CRNP

Signed: 09/03/2003 10:58

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: SEP 03, 2003@09:14

ENTRY DATE: SEP 03, 2003@09:15:01

AUTHOR: RODGERS, CHERRY D

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON 31
419-08-7667

SUBJECTIVE: f/u appointment would like to discuss lab results on august, 15 and the result of his ct-head. pt c/o right knee pain on a scale of 3. pt was seen in the ER here on Aug, 22 for chronic back pain, was sent home on Flexeril to take until all gone. pt states he had right knee surgery on August 21, 2003. pt would like to see the social worker about advanced directive/living will. pt has taken all of flexeril.

121/65 (09/03/2003 09:08) 83 (09/03/2003 09:08) 20 (09/03/2003 09:08) 97.8

F

[36.6 C] (09/03/2003 09:08)

PAIN: 3 (09/03/2003 09:08)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) CYCLOBENZAPRINE 10MG (FLEXERIL) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY DISPENSED FROM ACUTE CARE CLINIC	ACTIVE
4) DIAZEPAM 5MG/ML (VALIUM) 2ML/AMP INJECT 5MG/1ML IVP STAT DISPENSED FROM ACUTE CARE CLINIC	ACTIVE
5) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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- MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)
- | | | |
|-----|---|--------|
| 6) | FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE) | ACTIVE |
| 7) | FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION | ACTIVE |
| 8) | LORTAB 10 (HYDROCODONE 10MG/APAP 500) TAKE 1 TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN | ACTIVE |
| 9) | SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING) | ACTIVE |
| 10) | TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN | ACTIVE |

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OTC Medicines:none

Herbals:none

Allergies:MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 No-24
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed. no
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes

EXERCISE SCREEN:MILD

Comments:pt attends physical therapy three x week exercise for 30 min.

Assessment:pt is alert oriented x3.speech clear and coherent skin warm.dry to touch color pink.ambulates with the use of crutches limp to the right leg.pt is able to stand a little without crutches.nad noted,girlfriend with pt whom pt stated does not mind if she is in the room.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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CLINICAL REMINDER ACTIVITY

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

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N-FLU SHOT:PT STATES HE WILL TAKE THE FLU SHOT WHEN AVAILABLE FOR THIS YEAR.

Documentation of flu shot

PATIENT EDUCATION: explanation of possible adverse side effects.

Patient verbalized understanding.

Level of Understanding: Good

Comments:will refer to provider

/es/ CHERRY D RODGERS

LPN

Signed: 09/03/2003 09:44

TITLE: PM&RS CONSULT

DATE OF NOTE: SEP 02, 2003@15:42:28 ENTRY DATE: SEP 02, 2003@15:42:28

AUTHOR: BONNETT,DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MR.WORKS IS WELL KNOWN TO THIS WRITER AND HAD PRE-OP STRENGTHENING EXERCISE FOR RT KNEE. HE HAD RT KNEE ARTHROSCOPY AND MEDIAL MENIESECTOMY ON 8-21-03 AND WILL NOW BE SEEN FOR OUTPATIENT THERAPY 3X WEEKLY FOR 3-4 WEEKS.HE WILL BE SEEN FOR ROM AND STRENGTHENING EXERCISES TO RT KNEE.

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 09/02/2003 15:49

TITLE: S/D NURSING NOTE

DATE OF NOTE: SEP 02, 2003@11:52

ENTRY DATE: SEP 02, 2003@11:52:38

AUTHOR: BUCKHANON,CORA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

BP: 125/74 (09/02/2003 11:53)
 T: 97.8 F [36.6 C] (09/02/2003 11:53)
 P: 90 (09/02/2003 11:53)
 R: 18 (09/02/2003 11:53)
 WT: 173 lb [78.6 kg] (09/02/2003 11:53)
 HT: 72 in [182.9 cm] (09/02/2003 11:53)
 PAIN: 0 (09/02/2003 11:53)

CLINICAL REMINDER ACTIVITY

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

HERE FOR F/U WITH DR. CHUNG

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Jan 27, 2005

/es/ CORA BUCKHANON
LPN
Signed: 09/02/2003 12:00

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TITLE: PHYSICIAN NOTE
DATE OF NOTE: SEP 02, 2003@08:59 ENTRY DATE: SEP 02, 2003@08:59:21
AUTHOR: CHUNG, TAI Q EXP COSIGNER:
URGENCY: STATUS: COMPLETED

f/u 8/21/2003 right knee arthroscopy and medial menisectomy. Pre-op pain gone
EXAM: wounds healed. No tenderness. 0 to 100 degrees of flexion.
P: Remove stitches. Exercises. P.T. RTC prn.

/es/ TAI Q CHUNG, MD
physician
Signed: 04/08/2004 09:43

TITLE: EKG
DATE OF NOTE: AUG 25, 2003@00:24:19 ENTRY DATE: AUG 25, 2003@00:24:20
AUTHOR: DUBOSE, WILDS S III EXP COSIGNER:
URGENCY: STATUS: COMPLETED

COMPLETED

/es/ SCOTT DUBOSE, BS, RRT, CRTT
REGISTERED RESPIRATORY THERAPIST
Signed: 08/25/2003 00:24

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
DATE OF NOTE: AUG 22, 2003@23:59 ENTRY DATE: AUG 22, 2003@23:59:28
AUTHOR: HARRIS, PATRICIA A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

Educational Needs Assessment

Learning Abilities:

[X] Reads [X] Writes

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Readiness to Learn:

☒ Receptive ☐ Motivated ☐ Denying ☐ Not Interested

300

Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

Translator Required:

☒ No ☐ Yes (contact the hospital operator)

Learning Preferences:

☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other

Learning Needs:

☒ Diagnosis ☐ Safety ☒ Medications ☐ Self Care
☐ Activity ☐ Treatments ☐ Tests ☐ Surgery
☐ Nutrition

Patient's highest grade completed:

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☐ Pain management
☐ Rehabilitation techniques
☐ Available community resources
☒ When and how to obtain further treatment
☐ Personal hygiene and grooming
☐ Imaging procedures

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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- ☐ Food/Drug interaction counseling
☐ Other

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Recipient of Education; ("X" all that apply)

- ☒ Patient
☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).

Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
☒ Written
☐ Audio/Visual
☐ Demonstration
☐ Group/Class
☒ Title of handout(s) provided: Medication care notes
☐ Other

Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
☐ Able to demonstrate skills
☐ Unable to understand
☐ Needs reinforcement; Document follow-up action:
☐ Risks and complications of non-compliance explained
☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
☐ Other:

Discipline of Instructor providing teaching:

- ☒ Physician/Dentist
☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
☐ Psychologist
☐ Dietitian
☐ Social Worker
☐ Pharmacist
☐ Respiratory Therapy
☐ Blind Rehabilitation Specialist
☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
☐ Imaging

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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[] Other:

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General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's

Handbook and/or Patient Education Materials were provided.

Comments:

Approved by MRT 5/12/2000

/es/ PATRICIA A. HARRIS

R.N.

Signed: 08/22/2003 23:59

TITLE: LSU NURSING DISPOSITION NOTE

DATE OF NOTE: AUG 22, 2003@23:57

ENTRY DATE: AUG 22, 2003@23:58:01

AUTHOR: HARRIS, PATRICIA A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis:

2. Disposition: Home

☒ Follow up clinic appointment. Clinic name: PCC☐ Consult to:☐ Admitted to inpatient unit:☐ Other:☐ Left AMA☐ Comments:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

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3. Nursing interventions given in LSU: See notes. Discharged from LSU in no acute distress. Flexeril was given with instruction per physician's orders. 303

4. After-care sheet given:
☒ yes, Sheet Title: Medication care notes
☐ no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: ☒ yes ☐ no
 Family member/significant other present:

6. Condition: ☐ improved
 ☒ satisfactory
 ☐ unchanged
 ☐ worse

Comments:

{Attending LSU physician to co-sign this note!}

/es/ PATRICIA A. HARRIS
 R.N.
 Signed: 08/22/2003 23:59

TITLE: LSU NURSING NOTE
 DATE OF NOTE: AUG 22, 2003@23:15 ENTRY DATE: AUG 22, 2003@23:15:09
 AUTHOR: HARRIS, PATRICIA A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** LSU NURSING NOTE Has ADDENDA ***

Hep-lock inserted in the rt hand using a 20 jelco per Ms McCants, LPN, hospital procedure followed. Valium 5mg IVP over 5 min given per order. NS 500 ml hung to infuse, initiated with 100 cc bolus then rate decreased to 80 ml/hr.

/es/ PATRICIA A. HARRIS
 R.N.
 Signed: 08/22/2003 23:18

08/22/2003 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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IV discontinued, pressure dressing applied.

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/es/ PATRICIA A. HARRIS

R.N.

Signed: 08/23/2003 00:00

TITLE: TAP DAYTON TELE-NURSE TRIAGE NOTE
 DATE OF NOTE: AUG 22, 2003@23:01:36 ENTRY DATE: AUG 22, 2003@22:11:07
 AUTHOR: TAYLOR, TONIA M EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** TAP DAYTON TELE-NURSE TRIAGE NOTE Has ADDENDA ***

Telecare Note Date: 08/22/2003.

Starting at: 11:01:36 PM; Ending at: 11:09:48 PM; Length: 8 minutes.

Author: TAYLOR, TONIA M

Evaluation/Management Code: PHYSICIAN PHONE CONSULTATION (99372).

WORKS, TYRON is assigned to Caller Area MONTGOMERY.

Provider: BELL, KAREN J

Conversation with WORKS, TYRON has a chief complaint of: Back Pain.

Identified problem: Back Pain.

-----DSHI Disposition Report-----

TRIAGE SUPPORT SYSTEM DISPOSITION REPORT

Encounter duration: 6 minutes 26 seconds

Nurse name: TAYLOR, TONIA M

PATIENT INFORMATION

SSN: 419087667

Name: TYRON WORKS

Gender: Male

Age: 31 years

VA Facility: CAVHCS VAMC Montgomery and Tuskegee)

ENCOUNTER INFORMATION

Type of call: Symptom information

Chief complaint: Back Pain

Duration of complaint: 10 Minutes

POSITIVE: ALL of your back pain is located near your tailbone

POSITIVE: ALL of your back pain is located BELOW your hips

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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POSITIVE: ALL of your back pain is located BELOW the umbilicus (belly-button, navel)
 POSITIVE: you have NEW difficulty walking
 POSITIVE: you have NEW loss of feeling in your groin OR legs

305

Follow-up interval (recommended): Urgent (under 2 hours)

Follow-up interval (actual): Urgent (under 2 hours)

Follow-up location: Emergency room, VA

Caller response: Compliant

Modifier: Elderly

Redirection survey: I would have gone to see my doctor within the next 24 hours

NURSE COMMENTS

Client just had knee surgery yesterday. Client is having back pain and right leg numbness. The numbness lasted 10min. Client is still having back pain. He stated that the back pain is a 10 on a scale from one to ten. Client was triaged to the VA. The VA is 3min. away.

-----End DSHI Disposition Report-----

Caller Response: ER-VAMC.

ADDITIONAL COMMENTS/INFORMATION:

VISTA NOTIFICATION STATUS: Completed.

URGENCY: Information.

Patient Phone Number: 334-738-3975

Contact Phone Number: 334-738-3975.

/es/ TONIA M TAYLOR

VISN 10 TELEPHONE TRIAGE PROGRAM

Signed: 08/22/2003 22:11

Receipt Acknowledged By:

08/25/2003 17:18 /es/ KAREN BELL, CRNP

08/25/2003 ADDENDUM

STATUS: COMPLETED

veteran seen in lsu

/es/ GWENDOLYN D TELLIS

CAVHCS Telephone Care RN

Signed: 08/25/2003 11:51

TITLE: INTERIM PROGRESS NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

Jan 27, 2005

DATE OF NOTE: AUG 22, 2003@22:59 ENTRY DATE: AUG 22, 2003@22:59:53
 AUTHOR: JOHNS,CALVIN R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

306

S 31 YO MALE WHO RECENTLY HAD ARTHROSCOPIC SURGERY ON HIS LT KNEE HAD A SUDDEN ONSET OF LBP WHILE REMOVING HIMSELF FROM THE COMMODE. PAIN WHEN HE MOVES IS ABOUT AN EIGHT. PT.HAS A HIS OF KNEE SURGERY ON BOTH KNEES WITHOUT CLEAR PROVOCATION.

O BACK SITTING IN WHEELCHAIR AND PAIN WITH ANY EFFORT TO CHANGE POSITION.
 [COAXED INTO GETTING OUT OF THE WHEELCHAIR INTO THE BED.

A LOW BACK PAIN ACUTE ETIOLOGY
 ARTHROSCOPIC SURGERY RT. KNEE RECENT

/es/ CALVIN R. JOHNS, JR. M.D.

Signed: 08/22/2003 23:11

TITLE: PRIMARY CARE TRIAGE NOTE
 DATE OF NOTE: AUG 22, 2003@22:41 ENTRY DATE: AUG 22, 2003@22:42:08
 AUTHOR: HARRIS,PATRICIA A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

WORKS,TYRON 419-08-7667

Age: 31
 Gender: MALE

Vital Signs:

T: 99.02 F [37.2 C] (08/22/2003 22:40)
 P: 95 (08/22/2003 22:40)
 R: 16 (08/22/2003 22:40)
 B/P: 121/71 (08/22/2003 22:40)
 PAIN: 10 (08/22/2003 22:40)
 HT: 72 in [182.9 cm] (08/05/2003 11:37)
 WT: 189 lb [85.9 kg] (08/05/2003 11:37)

MODE OF ARRIVAL:Wheelchair
 Other:

Chief Complaint:C/O having back pain. Relate that he was getting up from the toliet and was unable to do so because of the pain. Vet had surg on his rt knee. He also experienced numbness and tingling on that side but it has resolved. He was given hydrocordone 10/500 for pain after surg.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Was the patient given emergent care prior to arrival?

No

Did you try to do anything to relieve your problem prior to your arrival?

No

Was it effective? No

Last Tetanus:

> 5 years

Immunization:

Flu vaccine

Pneumonia vaccine

Allergies:MUSHROOMS, TYPHOID VACCINE

Herbals:

OTC Medicines:

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) LORTAB 10 (HYDROCODONE 10MG/APAP 500) TAKE 1 TABLET BY MOUTH EVERY 4-6 HOURS AS NEEDED FOR PAIN	ACTIVE
7) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)	ACTIVE
8) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN	ACTIVE

Triage Category:

Non Urgent

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

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Disposition to:
 Primary Care Team: LSU
 Other:

/es/ PATRICIA A. HARRIS
 R.N.
 Signed: 08/22/2003 22:46

TITLE: POSTOP FOLLOW-UP CALL
 DATE OF NOTE: AUG 22, 2003@10:02 ENTRY DATE: AUG 22, 2003@10:02:41
 AUTHOR: HOWARD, CALDONIA S EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Department of Veterans Affairs
 Postoperative Follow-up Call

Patient's Name: WORKS, TYRON Date/Time: 8-22-03@1002

Date of Procedure: 8-21-03 Procedure: Right Knee Arthroscopy
 Type of anesthesia: General
 Surgeon: Dr Chung
 Telephone number:

(x) Follow up call attempted: # 1:

Outcome:

(x) Unable to reach patient () Talked with patient

() Talked with family member/significant other

Name/relationship:

Follow up call attempted: # 2 @

Outcome:

() Unable to reach patient () Talked with patient

() Talked with family member/significant other

Name/relationship:

General condition: () Excellent () Good () Fair () Poor

Have you experienced any problems after your procedure/surgery?

() YES () NO

Any of the followings: () Yes () No

Drainage () Yes () No

Bleeding () Yes () No

Fever () Yes () No

Nausea/vomiting () Yes () No

Cough () Yes () No

Sore throat/hoarseness

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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() Yes () No

Other:

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Appetite: () Excellent () Good () Fair () Poor

Have you experienced any pain? () yes () No If yes, rate your pain on a scale from 0-10, with 0 being no pain and 10 being the greatest pain (). Location: Caused by:

Relieved by:

Medications used? Effective: () yes () No

Comments: Unable to reach veteran, answering machine on message left

/es/ CALDONIA S HOWARD

lpn

Signed: 08/22/2003 10:07

TITLE: PM&RS CONSULT

DATE OF NOTE: AUG 21, 2003@15:30:24 ENTRY DATE: AUG 21, 2003@15:30:25

AUTHOR: BONNETT,DANNY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MR.WORKS WAS INSTRUCTED IN AMBULATION WITH BILATERAL AXILLARY CRUTCHES WHEN SEEN 8-20-03 AND HE WAS INSTRUCTED TO AMBULATE WITH PWB TO TOLERANCE ON RT FOOT.HE WAS ALSO INSTRUCTED HOW TO ASCEND/DESCEND STEPS WITH CRUTCHES.SAFETY PRECAUTIONS WERE REVIEWED.THE CRUTCHES WERE ISSUED AT BEDSIDE TODAY POST-OP AND HE REMAINS INDEPENDENT IN AMBULATION WITH CRUTCHES.

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 08/21/2003 15:36

TITLE: AMBULATORY SURGERY: DISCHARGE NURSE'S NOTE

DATE OF NOTE: AUG 21, 2003@15:26 ENTRY DATE: AUG 21, 2003@15:26:12

AUTHOR: SMITH,FELICIA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME: WORKS,TYRON

SSN: 419-08-7667

AMBULATORY SURGERY DISCHARGE NURSE'S NOTE

Date: 8-21-03

Time:1620

Via: [] Stretcher [X] Wheelchair
[] Ambulatory

Disposition to (place):HOME

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Accompanied by (indicate name): FERMIE WORKS & SHANITA SUMPTER
Relationship: MOTHER & GIRLFRIEND

Discharge instructions explained, signed and copy given to patient
☒ Yes ☐ No

Nurse's Note (please indicate the condition and detail nursing instructions given at time of discharge):

VETERAN IS AWAKE ALERT ORIENTED X 3. RESPIRATIONS UNLABORED. HE TOLERATED DIET. HE VOIDED QS CLEAR YELLOW URINE. IV DISCONTINUED. HE DENIES PAIN AT UPON DISCHARGE. DISCHARGE INSTRUCTIONS - ORTHOPEDIC FOLLOWUP ON 9-2-03 @ 9 AM, D/C PAIN MED LORTAB 10 1 EVERY 4-6 AS NEEDED FOR PAIN, KEEP DRESSING CLEAN AND DRY, BUT MAY LEAVE OFF IN 1-2 DAYS THEN APPLY BAND-AIDS TO SUTURE AREAS DAILY, AND THE FOLLOWING INSTRUCTIONS BELOW - REVIEWED WITH VETERAN. HE VOICED HIS UNDERSTANDING HE WAS GIVEN CRUTCH TRAINING YESTERDAY. DANNY BONNET BROUGHT VETERAN HIS CRUTCHES TODAY.

Pain level (0-10):

INSTRUCTIONS FOR ALL PATIENTS RECEIVING SEDATION

1. REST QUIETLY the remainder of the day. A responsible adult should remain with you the remainder of the day. You should be assisted to the bathroom for the first 6-8 hours.
2. DO NOT drive, operate heavy machinery, or make critical decisions for 24 hours after receiving sedation or while taking pain medication.
3. DO NOT drink alcoholic beverages or smoke for the first 24 hours after receiving sedation/pain medication.
4. DO deep breathing exercises for the next 6-8 hours. This will help rid the body of the sedative medication.
5. EAT a light diet (soup, jello, coke, tea, as tolerated) for your next meal, then resume your normal diet or diet ordered by physician.
6. Some anesthesia could cause nausea. If nausea persists at home, call your physician.
7. If your IV site is sore, apply warm wet compresses (wash cloth) 3-4 times/day.
8. Make sure you keep your follow-up appointment.

FOLLOW CHECKED ITEMS

- ☒ Follow written or oral instructions received from your physician.
☒ Keep operative/procedure site clean and dry, do not remove bandage

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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unless instructed by physician.

[X]Avoid stress to suture line.

[X]May bath or shower starting:

[X]You may gargle with warm salt water for sore throat

[X]Take medications as prescribed by your physician.

[X]Notify your doctor if you have any of the followings:

[X]fever over 100

[X]redness, swelling, drainage, excessive bleeding, foul odor at procedure site OF RIGHT KNEE

[X]severe unrelieved pain

[X]numbness, tingling, change in color, coldness, increased pain of RIGHT KNEE/LEG.

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OTHER SPECIFIC INSTRUCTIONS:

1540

WRITER REVIEWED DISCHARGE INSTRUCTIONS WITH VETERAN . HE WAS ASSISTED IN WHEELCHAIR WHEN HE BECAME NAUSEATED AND VOMITTED . DR WARREN NOTIFIED AND TELEPHONE ORDER FOR PHENERGAN 25 MG IM ORDERED

1545

VETERAN MEDICATED WITH PHENERGAN 25 MG IM.

HE FELT BETTER AND DISCHARGED @ 1620.

1620

VETERAN LEFT WARD VIA W/C ACCOMPANIED BY FERMIE WORKS, MOTHER , AND SHANITER SUMPTER, GIRLFRIEND.

/es/ FELICIA SMITH

RN

Signed: 08/22/2003 12:59

TITLE: AMB SURGERY-RETURN FROM THE OPERATING ROOM NURSE'S NOTE
 DATE OF NOTE: AUG 21, 2003@12:46 ENTRY DATE: AUG 21, 2003@12:46:38
 AUTHOR: BRAUN, JERITA L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME: WORKS, TYRON

SSN: 419-08-7667

Return from OR/PACU at: 12:50

VIA: [x]Stretcher []Wheelchair

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Nurse's Note: AAOX3 but drowsy. VS 96.5-77-20-114/66. Rt. knee drsg dry and intact. IV fluids continued for now as pt. is too drowsy to eat @ this time. Denies pain.

312

Pain level: (0-10) 0

Comments:

/es/ JERITA L. BRAUN

RN

Signed: 08/21/2003 12:49

TITLE: SURGEON'S POST-OPERATIVE NOTE PROCEDURE
 DATE OF NOTE: AUG 21, 2003@11:21 ENTRY DATE: AUG 21, 2003@11:21:28
 AUTHOR: CHUNG, TAI Q EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON
 SSN: 419-08-7667

SURGEON'S POST-OPERATIVE NOTE PROCEDURE

ATTENDING SURGEON: Tai Chung

PRIMARY SURGEON:

ASSISTANT:

OPERATION/PROCEDURE: right knee arthroscopy, partial medial menisectomy, chondroplast, removal of medial plica

PRE OP DIAGNOSIS: internal derangement right knee

POST OP DIAGNOSIS: same

PRIMARY SURGEON: Tai Chung

ASSISTANT(S):

ANESTHESIA: general

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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FINDINGS:torn posterior horn medial mensiscus, joint cartilage fraying,
thickened medial plica

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SPECIMEN(S):shavings

ESTIMATED BLOOD LOSS:less than one cc

BLOOD/BLOOD PRODUCTS:

DRAINS:

COMPLICATIONS:none

MEDICAL RECORD SUPPLEMENT TO PROGRESS
NOTE FOR SPECIALIZED DISCIPLINES
MRT 8/5/98

/es/ TAI Q CHUNG, MD
physician
Signed: 08/21/2003 11:24

TITLE: AMB SURGERY-RELEASE TO THE OR (NURSE'S NOTE)
DATE OF NOTE: AUG 21, 2003@09:27 ENTRY DATE: AUG 21, 2003@09:27:41
AUTHOR: HOWARD,CALDONIA S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient Name: WORKS,TYRON SSN: 419-08-7667

Pre-op medication time administered: None

Time to the operation room: 0925 Accompanied by: Ms. Greathouse,Na/
Ms Jackson, Na

Nurse's Note: Veteran escorted to or via stretcher in no distress, alert
and oriented x3. Vital signs wnl Pain level 5/10.

/es/ CALDONIA S HOWARD
lpn
Signed: 08/21/2003 09:31

TITLE: NURSING CHECK LIST FOR OPERATING ROOM PROCEDURES
DATE OF NOTE: AUG 21, 2003@07:11 ENTRY DATE: AUG 21, 2003@07:11:22

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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AUTHOR: YOUNG, MARY E
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

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*** NURSING CHECK LIST FOR OPERATING ROOM PROCEDURES Has ADDENDA ***

Nursing Check List for Operating Room Procedures

Patient Name: WORKS, TYRON
SSN: 419-08-7667

Identification Band On (legible) YES ☒ NO ☐ DATE []
 Surgical Consent YES ☒ NO ☐ DATE []
 (signed and properly completed within 30 days)
 Anesthesia Consent YES ☒ NO ☐ DATE []
 History and Physical YES ☒ NO ☐ DATE []
 Allergies
 (list on front of chart and below) YES ☒ NO ☐ DATE []
 Nothing to eat or drink after midnight YES ☒ NO ☐ DATE []

LABS

CBC Report YES ☒ NO ☐ DATE:
 Profile II or VIII YES ☐ NO ☒ DATE:
 EKG YES ☒ NO ☐ DATE: .
 Chest X-ray report YES ☐ NO ☐ DATE:N/A
 Urinalysis Report YES ☐ NO ☒ DATE:
 Type/Cross match YES ☐ NO ☐ DATE:N/A
 Type and Screen YES ☐ NO ☐ DATE:N/A
 Others YES ☐ NO ☒ DATE:
 Dentures removed YES ☐ NO ☐ DATE:N/A
 Jewelry/Valuables removed/ YES ☒ NO ☐ DATE:
 Secured and Documented
 Hairpins/Nail Polish/ YES ☐ NO ☐ DATE:N/A
 Make up removed
 Contact Lens or Glasses removed YES ☒ NO ☐ DATE:
 Voided, Condom or Catheter inserted YES ☒ NO ☐ DATE:

Spiritual Care YES ☒ NO ☐ DATE:
 Pre-op medication YES ☐ NO ☒ DATE:
 Vital signs taken and documented YES ☒ NO ☐ DATE:
 Safety Straps Applied RAIL UP X2 YES ☐ NO ☒ DATE:

ALLERGIES:MUSHROOMS,TYPHOID VACCINE

COMMENTS:PT ALERT AND ORIENTED X3.C/O PAIN AT LEVEL 5.HEPLOCK IN LT
 WRIST.VS-96-73-18-119/61.RESP UNLABORED.PT IN NO ACUTE DISTRESS AT THIS
 TIME.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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NOTE

MEDICAL RECORD SUPPLEMENT TO PROGRESS

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FOR SPECIALIZED DISCIPLINES

MRT 8/5/98

/es/ MARY E. YOUNG

LPN

Signed: 08/21/2003 07:18

08/21/2003 ADDENDUM

STATUS: COMPLETED

PT HAD CHEMISTRY DONE 08-22-03

/es/ MARY E. YOUNG

LPN

Signed: 08/21/2003 08:42

TITLE: AMBULATORY SURGERY ADMISSION NURSING ASSESSMENT
 DATE OF NOTE: AUG 21, 2003@06:46 ENTRY DATE: AUG 21, 2003@06:47:11
 AUTHOR: YOUNG, MARY E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON

SSN: 419-08-7667

Age: 31

Gender: MALE

T: 96 F [35.6 C] (08/21/2003 06:42)
 P: 73 (08/21/2003 06:42)
 R: 18 (08/21/2003 06:42)
 B/P: 119/61 (08/21/2003 06:42)
 PAIN: 5 (08/21/2003 06:42)
 HT: 72 in [182.9 cm] (08/05/2003 11:37)
 WT: 189 lb [85.9 kg] (08/05/2003 11:37) Temp:

Ambulatory [X] Wheelchair [] Stretcher [] Physician: CHUNG

Accompanied by: FERMIE WORKS/MOTHER
 SHANITA SUMPTER/GIRLFRIEND

Scheduled procedure(s): RIGHT KNEE ARTHROSCOPY & MENISECTOMY

Chief complaint(s): RIGHT KNEE INTERNAL DERANGEMENT

Other illness: CHRONIC HEADACHES, LOWER BACK, ASTHMA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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WORKS, TYRON

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Allergies: MUSHROOMS, TYPHOID VACCINE

Current Medication (Include OTC and herbals):

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Detailed Active Meds: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status Refills	Issue Date Last Fill Expiration
=====		
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES Qty:	ACTIVE	Issu:09-24-
02 1 for 30 days Sig: INHALE 2 PUFFS BY	Refills: 11	Last:09-24-
02 MOUTH FOUR TIMES A DAY AS NEEDED		Expr:09-25-
03 (SHAKE WELL BEFORE USING)		
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP Qty:	ACTIVE	Issu:01-03-
03 20 for 10 days Sig: TAKE ONE CAPSULE	Refills: 2	Last:01-03-
03 BY MOUTH TWICE A DAY FOR CONGESTION AS		Expr:01-04-
04 NEEDED		
3) DICLOFENAC 75MG EC (VOLTAREN) Qty: 180	ACTIVE	Issu:12-31-
02 for 90 days Sig: TAKE ONE TABLET BY	Refills: 2	Last:12-31-
02 MOUTH TWICE A DAY AS NEEDED FOR PAIN		Expr:01-01-
04 WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)		
4) FLUNISOLIDE (AEROBID) ORAL INHALER Qty:	ACTIVE	Issu:09-24-
02 4 for 90 days Sig: INHALE 2 PUFFS BY	Refills: 3	Last:09-24-
02 MOUTH TWICE A DAY (SHAKE WELL BEFORE		Expr:09-25-
03 USING. RINSE MOUTH AFTER USE)		
5) FLUNISOLIDE (NASALIDE) NASAL INHALER	ACTIVE	Issu:09-24-
02 Qty: 1 for 30 days Sig: USE 2 PUFFS	Refills: 11	Last:09-24-
02 EACH NOSTRIL TWICE A DAY FOR		Expr:09-25-
03 CONGESTION		
6) SALMETEROL (SEREVENT) INHALER Qty: 1	ACTIVE	Issu:09-24-

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

VISTA Electronic Medical Documentation

Printed at CENTRAL ALABAMA HCS

Progress Note

Jan 27, 2005

02 for 30 days Sig: INHALE 2 PUFFS BY Refills: 11 Last:09-24- 317
 02 MOUTH TWICE A DAY (SHAKE WELL BEFORE Expr:09-25-
 03 USING)
 7) TRAMADOL 50MG (ULTRAM) TAB Qty: 120 for ACTIVE Issu:07-16-
 03 30 days Sig: TAKE ONE TABLET BY MOUTH Refills: 5 Last:07-16-
 03 EVERY 6 HOURS AS NEEDED FOR PAIN Expr:07-16-
 04

NEUROLOGICAL: LEVEL OF CONSCIOUSNESS

Oriented to: ☒ Person ☐ Disoriented ☒ Alert
☒ Place
☒ Time

SKIN: TEMPERATURE: ☐ Hot ☒ Warm/dry ☐ Moist ☐ Diaphoretic

Color: ☒ Normal ☐ Pale ☐ Jaundice ☐ Other

COMMENTS:

RESPIRATORY: BREATH SOUNDS: ☒ clear ☐ wheezes ☐ rales ☐ rhonci

COUGH: ☒ None ☐ Productive ☐ Non-productive

SMOKES: ☐ Yes #of packs/day ☐ # of years smoked ☐
☒ No

COMMENTS:

CARDIOVASCULAR: Heart Problems: ☐ Yes ☒ No
 Pace Maker: ☐ Yes ☒ No

High Blood Pressure: ☐ Yes ☒ No

Edema: ☒ None ☐ Pitting ☐ Non-pitting

COMMENTS: "I HAD CHEST PAIN 2YRS AGO AND WAS ADMITTED INTO THE HOSPITAL."

GASTROINTESTINAL/GENITOURINARY: ☒ No problems Last BM:LAST PM

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[N/A] Constipation [N/A] Diarrhea [N/A] Nausea [N/A] Vomiting
[N/A] Difficulties swallowing

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ABDOMEN: [X]Soft [] Firm []Distended [] Tender [X]Non distended
[X]Non tender

BOWEL SOUNDS: [X] Present [] Absent

URINARY: [X]No problems [N/A]Burning [N/A]Frequency change [N/A]
Color change

Tubes/drains [X] None Type:N/A Ostomy: N/A

COMMENTS: .

NUTRITIONAL SCREENING: [X]No problems []Recent change in appetite

Unintentional weight gain/loss in the last month: []Yes [X] No
Special diet:NO

COMMENTS:

REPRODUCTIVE: Women: N/A Pregnant:N/A

Male: Prostate problems: []Yes [X]No

COMMENTS:

MUSCULOSKELETAL: [N/A]No problems [RT KNEE]Weakness [N/A]Paralysis
[N/A]Deformity

[X]Ambulate without assistance

[]Ambulate with assisted devices: [N/A]cane [N/A]walker [N/A]
wheelchair

[N/A]prosthesis

OTHER PROSTHESIS: Dentures: [X]none [N/A]upper [N/A]
lower

[N/A]bridges [N/A]implants

[N/A] Eyeglasses [N/A]Contact lens Hearing aide: [N/A]right [N/A]
left

[N/A]Others:

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--

PSYCHO-SOCIAL: Religious preference:METHODIST

Cultural needs: ☐ Yes ☒ No

Present behavior: ☒ calm ☒ cooperative ☐ uncooperative
☐ angry ☐ other

Alcohol use: ☒ Yes ☐ No Comments:"I DRINK OCASSIONALLY."

Drug use: ☐ Yes ☒ No

--

PAIN: Pain present ☒ Yes ☐ No

(If yes, please answer the following) Intensity (0-10):

Location:RIGHT KNEE

What causes it?KNEE INJURY/2000

Duration? CONTINUAL

What relieves it?

VOLTREN,ULTRAM,HEAT PAD

--

ADVANCE DIRECTIVE: Do you have an advance directive? ☐ Yes ☒ No

If yes, where is it located?

If no, would you like more information? ☐ Yes ☒ No

Referral to Social worker initiated? ☒ N/A ☐ Yes ☐ No

--

Home medications/time taken today:NONE

--

Disposition of valuables:GIVEN TO GIRLFRIEND;CLOTHES AND SHOES @ BEDSIDE.

Notes:

PRE-PROCEDURE TREATMENTS (INTRAVENOUS THERAPY)

☐ IV in progress ☒ No IV ☒ Hep-lock

IV start time: Site:LT WRIST Device:

Type/rate:

Nurse starting IV:MARY YOUNG,LPN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Jan 27, 2005

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Progress Note

Jan 27, 2005

Pain level: (0-10)5/10

Comments:

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/es/ MARY E. YOUNG

LPN

Signed: 08/21/2003 07:10

Receipt Acknowledged By:

08/21/2003 07:29 /es/ JERITA L. BRAUN
RN

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD

DATE OF NOTE: AUG 21, 2003@06:42

ENTRY DATE: AUG 21, 2003@06:42:55

AUTHOR: YOUNG, MARY E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON

SSN: 419-08-7667

Initial Assessment (X)

Reassessment ()

1. Pain Rating: 0 =No Pain 10= Greatest Pain [5]

2. Are you currently receiving treatment for:

- () Arthritis () Diabetic Neuropathy
 () Lower Back Disorders () Herpes Zoster (shingles)
 () Leg Cramps () Headaches
 (X) Other Chronic pain condition (list) RIGHT KNEE

3. Where is your pain? (list) RIGHT KNEE

Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (X) 10
 Least in last month: () 0 () 1 () 2 () 3 () 4 (X) 5
 () 6 () 7 () 8 () 9 () 10
 Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 (X) 8 () 9 () 10
 Right Now: () 0 () 1 () 2 () 3 () 4 (X) 5
 () 6 () 7 () 8 () 9 () 10
 Patient pain intensity goal: (X) 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

QUALITY:

Frequency:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Throbbing (X)	Stabbing ()	Continual (X)
Sharp ()	Burning ()	Intermittent ()
Dull ()	Aching (X)	With Movement ()
Shooting ()	Radiating ()	Less than Daily()
Numb ()	Other:	Daily x's

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OTHER INDICATORS:

Anxiety ()	Facial Expression ()
Irritability (X)	Restlessness (X)
Withdrawal ()	Guarding Behavior ()

EXACERBATING FACTORS:

Movement (X)
 ADL's (X)
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication (X)	Imagery ()
Position (X)	Relaxation (X)
Heat (X)	Activity ()
Cold (X)	Describe:

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

- 1.VOLTREN
- 2.ULTRAM
- 3.HEAT PAD

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

General activity	()0 ()1 ()2 ()3 ()4 ()5
	()6 ()7 ()8 ()9 ()10
Mood	()0 ()1 ()2 ()3 ()4 ()5
	()6 ()7 ()8 ()9 ()10
Normal Work	()0 ()1 ()2 ()3 ()4 ()5
	()6 ()7 ()8 ()9 ()10
Ability to	
Concentrate:	()0 ()1 ()2 ()3 ()4 ()5
	()6 ()7 ()8 ()9 ()10
Relations with	
other people	()0 ()1 ()2 ()3 ()4 ()5

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Enjoyment of life ()6 ()7 ()8 ()9 ()10
 ()0 ()1 ()2 ()3 ()4 ()5
 Sleep ()6 ()7 ()8 ()9 ()10
 ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10

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Plan of Care/Change required ()yes ()No
Action:

Action:

Provider notified ()Yes ()No
 Return Visit Schedule ()Yes ()No
 Medication for pain ordered ()Yes ()No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
 ()Yes ()No
 Education related to pain management:
 ()Yes ()No
 If yes, patient verbalized understanding:
 ()Yes ()No

/es/ MARY E. YOUNG

LPN

Signed: 08/21/2003 06:46

Receipt Acknowledged By:

08/21/2003 12:17

/es/ JERITA L. BRAUN
RN

TITLE: PM&RS KINESIOTHERAPY
 DATE OF NOTE: AUG 20, 2003@15:53:38 ENTRY DATE: AUG 20, 2003@15:53:38
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

KINESIOTHERAPY NOTE
 O-MR.WORKS IS SCHEDULED FOR RT KNEE SURGERY 8-21-03.
 P-WILL RESUME OUTPATIENT THERAPY PER DOCTORS REQUEST

/es/ DANNY L. BONNETT

KINESIOTHERAPIST

Signed: 08/20/2003 15:56

TITLE: PRE OP PHONE CALL
 DATE OF NOTE: AUG 20, 2003@14:55 ENTRY DATE: AUG 20, 2003@14:55:15
 AUTHOR: SHERER,JANICE W EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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URGENCY:

STATUS: COMPLETED

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*** PRE OP PHONE CALL Has ADDENDA ***

PREOPERATIVE TELEPHONE CALL-NURSING NOTES

Name: WORKS, TYRON

SSN: 419-08-7667

Date of call: 8-20-03

Time of call: 1330

Date of Procedure: 8-21-03

Type of Anesthesia: local

Surgeon: johnson

Telephone number:3347383975

Reporting date/time:8-21-03@0630

Pre-op call attempted:

Outcome: () Unable to reach patient

() Talked with patient

(x) Message left of answer machine

() Talked with family member/significant other

Name/relationship:

Comment :

Patients concerns/questions:

Patient reminded to bring a responsible driver:yes

Nothing to eat or drink after:

(x) Yes () No

Preoperative Prep

() Yes () No

Medications

(x) Yes () No

Where to report: 2a

(x) Yes () No

Comments:

Medical Record

Supplement To Process Note

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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For Specialized Disciplines

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MRT Approved

/es/ JANICE W. SHERER
 REGISTERED NURSE
 Signed: 08/20/2003 14:57

08/20/2003 ADDENDUM STATUS: COMPLETED
 procedure to done under general anesthesia with dr. chung surgeon instead of
 local and dr. johnson. pt to report to hospital at 8-21-03 at 0630

/es/ JANICE W. SHERER
 REGISTERED NURSE
 Signed: 08/20/2003 15:06

TITLE: PM&RS KT DAILY SUMMARY
 DATE OF NOTE: AUG 15, 2003@14:43:15 ENTRY DATE: AUG 15, 2003@14:43:15
 AUTHOR: BONNETT,DANNY L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS,TYRON
 SSN: 419-08-7667

Length of time patient was treated:30 MIN

Where patient was treated: Clinic (X) Bedside ()

Motivation:GOOD

Mobility: Wheelchair () Ambulatory (X)

Device: Issue () or Practice ()

Cognitive Status: ALERT,WELL ORIENTED

Exercises: Reps:
 Mat () Rom (X) Strengthening (X) General Conditioning ()

Modilities:CYBEX FITRON STATIONARY BICYCLE

/es/ DANNY L. BONNETT
 KINESIOTHERAPIST
 Signed: 08/15/2003 14:45

TITLE: PM&RS KT DAILY SUMMARY
 DATE OF NOTE: AUG 13, 2003@11:14:55 ENTRY DATE: AUG 13, 2003@11:14:55

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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AUTHOR: BONNETT,DANNY L
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

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Patient Name: WORKS,TYRON
SSN: 419-08-7667

Length of time patient was treated: 30 MIN

Where patient was treated: Clinic (X) Bedside ()

Motivation:GOOD

Mobility: Wheelchair () Ambulatory (X)

Device: Issue () or Practice ()

Cognitive Status:ALERT,WELL ORIENTED

Exercises: Reps:
Mat () Rom (X) Strengthening (X) General Conditioning ()

Modilities:CYBEX FITRON STATIONARY BICYCLE

/es/ DANNY L. BONNETT
KINESIOTHERAPIST
Signed: 08/13/2003 11:16TITLE: PM&RS KINESIOTHERAPY
DATE OF NOTE: AUG 11, 2003@15:47:27 ENTRY DATE: AUG 11, 2003@15:47:27
AUTHOR: BONNETT,DANNY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED**KINESIOTHERAPY NOTE**

O-MR.WORKS IA A 31 Y/O VETERAN THAT IS SCHEDULED FOR RT KNEE ARTHOSCOPY ON 8-21-03.HE IS BEING SEEN FOR PRE-OP EXERCISES TO RT KNEE AND IS ONLY ABLE TO UTILIZE THE CYBEX FITRON STATIONARY BICYCLE WITH MINIMAL RESISTANCE AND ISOMETRIC EXERCISES TO MAINTAIN RT QUAD STRENGTH.HE WEARS HINGED RT KNEE BRACE DAILY TO PREVENT RT KNEE FROM BUCKLING.

A-RT KNEE PAIN AND BUCKLING

P-CONTINUE PRE-OP EXERCISES

/es/ DANNY L. BONNETT
KINESIOTHERAPIST
Signed: 08/11/2003 15:54TITLE: PM&RS KINESIOTHERAPY
DATE OF NOTE: AUG 07, 2003@12:50:44 ENTRY DATE: AUG 07, 2003@12:50:44

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

AUTHOR: BONNETT, DANNY L
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

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MR. WORKS WAS SEEN IN PM&R CLINIC FOR EVALUATION/ASSESSMENT BY DR. ENG AND THIS WRITER. HE WILL START PRE-OP EXERCISES FOR RT KNEE ON 8-11-03.

/es/ DANNY L. BONNETT
KINESIOTHERAPIST
Signed: 08/07/2003 12:53

TITLE: PM&RS CONSULT	
DATE OF NOTE: AUG 07, 2003@12:00	ENTRY DATE: AUG 08, 2003@15:07:18
AUTHOR: ENG, JEFFREY K	EXP COSIGNER:
URGENCY:	STATUS: COMPLETED

The patient is a 31-year-old male with history of bilateral knee pain since 1999; he has had bilateral arthroscopic surgery. The patient is scheduled to have arthroscopic surgery on August 21, 2003. He presents for evaluation of his knees. The patient recently received a right knee brace and currently is taking Volatren and Ultram with good relief of the pain. He presents for evaluation of physical therapy to improve his quadriceps strength and to improve the strength in anticipation of therapy.

On physician exam, his knees active range of motion is within functional limits. His left knee has no crepitus or effusion noted. His right knee currently has a brace. The brace is slipped below his patella. He has a mild right knee crepitus. His gait appears within normal limits and non-antalgic.

IMPRESSION: Bilateral knee pain, anticipation for right knee arthroscopic surgery for repair of cartilage.

The patient will attend kinesiotherapy for quadriceps and hamstring strengthening exercises as well as stationary bicycling for endurance. He will then receive the arthroscopic surgery and it will be up to the orthopedic surgery if he is to continue therapy.

/es/ JEFFREY K ENG
Physiatrist
Signed: 08/12/2003 10:57

TITLE: S/D NURSING NOTE	
DATE OF NOTE: AUG 05, 2003@11:38	ENTRY DATE: AUG 07, 2003@11:39:04
AUTHOR: FERGUSON, LINDA	EXP COSIGNER:
URGENCY:	STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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BP: 123/65 (08/05/2003 11:37)
 T: 97.2 F [36.2 C] (08/05/2003 11:37)
 P: 77 (08/05/2003 11:37)
 R: 20 (08/05/2003 11:37)
 WT: 189 lb [85.9 Kg] (08/05/2003 11:37)
 HT: 72 in [182.9 cm] (08/05/2003 11:37)
 PAIN: 6 (08/05/2003 11:37)
 PT HERE FOR F/U FOR C/O RT KNEE PAIN. REFER TO MD.

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CLINICAL REMINDER ACTIVITY

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

/es/ LINDA FERGUSON

RN

Signed: 08/07/2003 11:41

TITLE: AMB SURGERY PRE OP INSTRUCTIONS
 DATE OF NOTE: AUG 05, 2003@08:46 ENTRY DATE: AUG 05, 2003@08:46:12
 AUTHOR: WILLIAMS,CASSANDRA A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Ambulatory Surgery Preoperative Instructions

1. You are scheduled for Right Knee Arthroscopy under General anesthesia by Dr. Dr Chung
2. Report to CAVHCS, Montgomery campus 8-21-03 at will call to confirm time
3. DO NOT EAT OR DRINK anything after midnight or bedtime the day before your surgical or diagnostic procedure. (INCLUDING ALCOHOL, CHEWING GUM OR TOBACCO, AND SMOKING AT LEAST 12 HOUR BEFORE OR AFTER SURGERY)
4. Take only the medicine instructed by your doctor. Please hold all blood thinner, such as Aspirin and Coumadin 3-5 days before your surgery date.
Take the following meds with small sips of water: AM MEDS
5. Please advise your physician and nurse of Allergies:SEE PROFILE
6. For some procedures, it is necessary that you are given medicine the day before or the morning of surgery. If this is applicable, please follow the instructions carefully. Pre-op labs, x-rays and EKG's may also be ordered.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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7. On arrival to the hospital, check in on Ward 2A (2nd floor). Before going to the operating room (OR), you will be ask to change clothes into surgical attire (gown and cap, no underwear), remove all dentures, jewelry, eye glasses, contact lenses, money, nail polish and makeup, so please limit valuable you bring to the hospital.

REMEMBER to wear comfortable clothing.

8. You will be transported by stretcher or wheelchair to the operating room.

9. Once in the OR area you will continue to be prepared for the procedure, i.e. positioning, scrubbing(cleaning) the affected area, surgical attire (gown and cap, no underwear), vital signs and starting IV fluids.

10. When the procedure is over you will go to the PACU (Recovery room) to be monitored for stability before returning to the ward.

11. If you have any questions/concerns, or if the need arises to postpone or reschedule your procedure please call your physician/nurse between the hours of 8:00am and 3:30pm, Monday-Friday.

Long distance callers may use 1-800-214-8387 (Used for Tuskegee or Montgomery)

Montgomery (334) 272-4670

operating room ext. 4030

clerk ext. 4606

preop teaching nurse ext. 4359

Tuskegee (334) 727-0550

pre op teaching nurse ext. 4044

clerk ext. 3356

eye clinic 3369/3230/3231

podiatry clinic 3135

12. In the event of an emergency, the procedure may be delayed or canceled.

13. I have received and fully understand the pre-op teaching instructions and a responsible (driver) person will accompany me to and from the hospital on the day of surgery.

14. Patient and/or guardian has received a copy of these instructions.

/es/ CASSANDRA A. WILLIAMS

REGISTERED NURSE

Signed: 08/05/2003 08:48

TITLE: PHYSICIAN NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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DATE OF NOTE: AUG 05, 2003@08:17 ENTRY DATE: AUG 05, 2003@08:17:29
 AUTHOR: CHUNG, TAI Q EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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c/o right knee giving way. Previous MRI showed torn posterior horn of medial meniscus.

EXAM: right knee tender at posterior medial joint line, but also mildly at lateral joint line and patellar facets

0 to 90 degrees of flexion. No instability

P: He wants to have arthroscopy. He had this done once in 2001.

Risks discussed, including anesthesia, infection, neurovascular damage, post op thrombophlebitis and pulmonary embolism, incomplete resolution of symptoms and return of function in the knee. He understands and wishes to proceed with surgery. NPO after midnight before surgery.

/es/ TAI Q CHUNG, MD
 physician

Signed: 08/05/2003 08:27

TITLE: PULMONARY CONSULT
 DATE OF NOTE: AUG 01, 2003@14:32:18 ENTRY DATE: AUG 01, 2003@14:32:18
 AUTHOR: NEUMAN, JEROME D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

COMPLETED 08/01 AT 13:30.

/es/ JEROME D NEUMAN

JEROME D NEUMAN

Signed: 08/01/2003 14:32

TITLE: PULMONARY NOTE
 DATE OF NOTE: AUG 01, 2003@13:32:25 ENTRY DATE: OCT 02, 2003@13:36:38
 AUTHOR: ARCHER, CAROL A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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*****Scanned document attached to this note*****

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Click on Tools, click on DocSearch and then minimize.

Now double click on the TIU Title to view the document.

*** SCANNED DOCUMENT ***
SIGNATURE NOT REQUIRED

Administrative Closure: 10/02/2003
by: CAROL A. ARCHER
psa

TITLE: PC-NURSING EXIT INTERVIEW
DATE OF NOTE: JUL 16, 2003@15:33 ENTRY DATE: JUL 16, 2003@15:33:22
AUTHOR: TALLEY, ANNIE D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()
3. Do you know what to do if your condition get worse? Yes (x) No ()
4. Do you feel that you were involved in decision making about your care?
Yes (x) No ()
5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x)
6. Other Comments:

/es/ ANNIE D TALLEY

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

Jan 27, 2005

RN,BSN,MS

Signed: 07/16/2003 15:34

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TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
 DATE OF NOTE: JUL 16, 2003@15:27 ENTRY DATE: JUL 16, 2003@15:27:17
 AUTHOR: TALLEY,ANNIE D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment ()
 Reassessment (x)

1. Pain Rating: 0 =No Pain 10= Greatest Pain []
2. Are you currently receiving treatment for:
- () Arthritis () Diabetic Neuropathy
 () Lower Back Disorders () Herpes Zoster(shingles)
 () Leg Cramps () Headaches
 () Other Chronic pain condition (list)
3. Where is your pain? Both knees for some years.
- Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (x) 10
- Least in last month: () 0 () 1 () 2 (x) 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
- Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 (x) 7 () 8 () 9 () 10
- Right Now: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 (x) 9 () 10
- Patient pain intensity goal: (x) 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

QUALITY:

Pressure (x)
 Throbbing ()
 Sharp ()
 Dull (x)
 Shooting ()
 Numb ()

Frequency:

Stabbing () Continual (x)
 Burning () Intermittent ()
 Aching () With Movement ()
 Radiating () Less than Daily()
 Other: Daily x's

OTHER INDICATORS:

None (x)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 P.O. BOX 65
 FITZPATRICK, ALABAMA 36029
 419087667

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Progress Note

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Anxiety	()	Facial Expression	()
Irritability	()	Restlessness	()
Withdrawal	()	Guarding Behavior	()

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EXACERBATING FACTORS:

None (x)
 Movement ()
 ADL's ()
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication	(x)	Imagery	()
Position	()	Relaxation	()
Heat	()	Activity	()
Cold	()	Describe:	

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

1. Says pain medication and massaging help some.
- 2.
- 3.

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY*****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

General activity	() 0 () 1 () 2 () 3 () 4 (x) 5
	() 6 () 7 () 8 () 9 () 10
Mood	() 0 () 1 () 2 () 3 () 4 (x) 5
	() 6 () 7 () 8 () 9 () 10
Normal Work	() 0 () 1 () 2 () 3 () 4 (x) 5
	() 6 () 7 () 8 () 9 () 10
Ability to	
Concentrate:	() 0 () 1 () 2 () 3 () 4 (x) 5
	() 6 () 7 () 8 () 9 () 10
Relations with	
other people	() 0 () 1 () 2 () 3 () 4 (x) 5
	() 6 () 7 () 8 () 9 () 10
Enjoyment of life	() 0 () 1 () 2 () 3 () 4 () 5
	() 6 () 7 () 8 (x) 9 () 10
Sleep	() 0 () 1 () 2 (x) 3 () 4 () 5
	() 6 () 7 () 8 () 9 () 10

Plan of Care/Change required ()yes ()No
 Action: Referred to PCP.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Action:

Provider notified ☒ Yes ☐ No
 Return Visit Schedule ☐ Yes ☐ No
 Medication for pain ordered ☐ Yes ☐ No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
☐ Yes ☐ No
 Education related to pain management:
☒ Yes ☐ No

Patient encouraged to engage in diversional activities.
 Advised to take pain medication as ordered
 Advised to take pain medication at onset of pain

If yes, patient verbalized understanding:
☒ Yes ☐ No

/es/ ANNIE D TALLEY

RN,BSN,MS

Signed: 07/16/2003 15:33

TITLE: INTERDISPLINARY PATIENT AND TEACHING RECORD-PART I
 DATE OF NOTE: JUL 16, 2003@15:25 ENTRY DATE: JUL 16, 2003@15:26:03
 AUTHOR: TALLEY,ANNIE D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS,TYRON SSN: 419-08-7667

EDUCATIONAL ASSESSMENT (Ability to learn,sensory/other
 limitations past knowledge of
 condition, obstacles to following
 treatment regimen.)

Ability to Read: YES (x) NO ()
 Learns best: ()Visual ()Hearing (x)Doing
 Barrier: ()Emotional ()Language ()Physical
 ()Hearing ()Mental (x)None
 Readiness to learn: (x)yes ()No
 Other: Cultural or Religious Practices:AME

Educational Needs /Plan/Goals: (State goals in terms of patient behavior).

Veteran will attain and maintain optimal level of functioning as evidenced

by: Being knowledgeable about current health status.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Being aware of and stating factors that compromise health.
 Verbalizing ways that may improve health.
 Being knowledgeable about safe medication usage.

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NOTE: TO BE COMPLETED BY NURSING SERVICE

/es/ ANNIE D TALLEY

RN,BSN,MS

Signed: 07/16/2003 15:26

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: JUL 16, 2003@14:36

ENTRY DATE: JUL 16, 2003@14:36:33

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

SUBJECTIVE:

In for scheduled appt. States about 3 wks ago (R) knee gave out at work and he fell. Since then knee has given way several times. Voltaren & ultram not working as well as initially but still does make a difference in

pain level. For the past couple of months has had increase in frequency and severity of HA. Had similar condition in Germany, put on medication for a month and condition resolved. HA come and last for 2-3 days, resolve, then return. Describes as starting behind the ears bilaterally, comes forward to face and joins on forehead. Sharp pain w/frequent blinking lights, sometimes psychadelic appearing in temple area but when reaches forehead is more pressure/throbbing sensation. States pain feels totally different than from sinus HA.

(o) Alertx 3 wdn AA male nad

vs as taken today per nurse

funduscopy neg for hemorrhage or exudate; eomi; perrla; good bilateral hand grip, strong shoulder shrug. Upper extrem muscle strength 5+: LE not tested. Strong heel/toe ambulation; negative Romberg test; good finger to nose touch w/eyes closed.

heart: RRR: no murmur auscultated

lungs: CTA w/=bilateral breath sounds; good chest expansion

extrem: no cyanosis or edema; no pain on palpation of right knee; no grimacing on flexion/extension of knee. Hinged velcro brace on left knee.

(p) increase ultram; continue voltaren: monitor & notify healthline if no improvement in pain in 2-3 wks

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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refer today to prosthetics for knee brace
 refer to PM&R for evaluation
 refer for pft
 please schedule ct of head w/wout contrast
 non-waiting chem 7 today

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/es/ KAREN BELL, CRNP

Signed: 07/16/2003 15:23

07/16/2003 ADDENDUM
 pt ambulates w/limp

STATUS: COMPLETED

/es/ KAREN BELL, CRNP

Signed: 07/16/2003 15:25

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
 DATE OF NOTE: JUL 16, 2003@14:36 ENTRY DATE: JUL 16, 2003@14:37:04
 AUTHOR: FRAZIER, ANNIE J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
 SSN: 419-08-7667

Educational Needs Assessment

Learning Abilities:

[x] Reads [x] Writes

Readiness to Learn:

[x] Receptive [] Motivated [] Denying [] Not Interested

Barriers to Learning: Select items that describe barriers to learning. If
 there are no barriers, select None.

[x] None [] Not Interested [] Memory [] Motivation
 [] Cognition [] Sedation [] Visual [] Hearing
 [] Language [] Emotional State [] Cultural [] Financial

Translator Required:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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☒ No ☐ Yes (contact the hospital operator)**Learning Preferences:**

☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other

Learning Needs:

☐ Diagnosis ☐ Safety ☐ Medications ☒ Self Care
☐ Activity ☐ Treatments ☐ Tests ☐ Surgery
☐ Nutrition

Patient's highest grade completed: 12 th

Significant other's highest grade completed: 1 yr of college

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☐ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☐ Pain management
☐ Rehabilitation techniques
☒ Available community resources
☐ When and how to obtain further treatment
☐ Personal hygiene and grooming
☐ Imaging procedures
☐ Food/Drug interaction counseling
☐ Other

Recipient of Education; ("X" all that apply)

☒ Patient
☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).
 orientation to the 24 hrs tele-nurse program w/pamplet.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
- ☐ Written
- ☐ Audio/Visual
- ☐ Demonstration
- ☐ Group/Class
- ☐ Title of handout(s) provided:
- ☐ Other

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Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☐ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☐ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian
- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy
- ☐ Blind Rehabilitation Specialist
- ☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
- ☐ Imaging
- ☐ Other:

General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

Jan 27, 2005

Comments:

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Approved by MRT 5/12/2000

/es/ ANNIE J FRAZIER

NA

Signed: 07/16/2003 14:39

Receipt Acknowledged By:

07/16/2003 15:28 /es/ KAREN BELL, CRNP

TITLE: PC NURSING SCREENING NOTE
DATE OF NOTE: JUL 16, 2003@14:32 ENTRY DATE: JUL 16, 2003@14:32:33
AUTHOR: FRAZIER, ANNIE J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

WORKS, TYRON 31
419-08-7667

SUBJECTIVE: follow up appt. c/o pain bilat knees.

123/64 (07/16/2003 14:31) 62 (07/16/2003 14:31) 18 (07/16/2003 14:31) 99 F
[37.2 C] (07/16/2003 14:31)

PAIN: 9 (07/16/2003 14:31)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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MOUTH AFTER USE)

- 5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION ACTIVE
- 6) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING) ACTIVE
- 7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY PP AS NEEDED AS NEEDED FOR PAIN ACTIVE

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OTC Medicines:no

Herbals:no

Allergies:MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:bmi 25

1. BMI >27 No
 2. BMI <21 No
 3. Unintentional weight loss/gain of 5 pounds or more in the past month No
 4. Follow-up nutrition education needed. No
 5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes
- a. ☐ Referred to Dietitian today.
- b. ☐ Referred to Dietitian within one week.
- c. ☐ Referred to Dietitian within one month
- d. ☒ No Dietitian referral required.

EXERCISE SCREEN:MODERATE

Comments:

Assessment:

Comments:

CLINICAL REMINDER ACTIVITY

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

N-FLU SHOT:

Patient refused Influenza Immunization at this encounter.

/es/ ANNIE J FRAZIER

NA

Signed: 07/16/2003 14:33

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
 DATE OF NOTE: MAY 09, 2003@00:21 ENTRY DATE: MAY 09, 2003@00:21:12
 AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

Educational Needs Assessment

Learning Abilities:

☒ Reads ☒ Writes

Readiness to Learn:

☒ Receptive ☒ Motivated ☐ Denying ☐ Not Interested

Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

Translator Required:

☒ No ☐ Yes (contact the hospital operator)

Learning Preferences:

☐ Audio Tapes
☐ Video Tapes
☒ Direct Teaching
☐ Other

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Learning Needs:**342**

☒ Diagnosis ☒ Safety ☒ Medications ☒ Self Care
☒ Activity ☐ Treatments ☐ Tests ☐ Surgery
☒ Nutrition

Patient's highest grade completed:

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ Safe and effective use of medications
☐ Nutrition intervention/counseling and/or diet modification
☐ Safe and effective use of medical equipment
☐ Pain management
☐ Rehabilitation techniques
☐ Available community resources
☒ When and how to obtain further treatment
☐ Personal hygiene and grooming
☐ Imaging procedures
☐ Food/Drug interaction counseling
☐ Other

Recipient of Education; ("X" all that apply)

☒ Patient
☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).

Teaching Method: ("X" all that describes the teaching methods used).

☒ Verbal
☐ Written
☐ Audio/Visual
☐ Demonstration
☐ Group/Class
☐ Title of handout(s) provided:
☐ Other

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

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- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☒ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☒ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian
- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy
- ☐ Blind Rehabilitation Specialist
- ☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
- ☐ Imaging
- ☐ Other:

General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comments:

Approved by MRT 5/12/2000

/es/ CYNTHIA R. CLAXTON
RN, BSN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

Jan 27, 2005

Signed: 05/09/2003 00:22

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TITLE: LSU NURSING DISPOSITION NOTE
 DATE OF NOTE: MAY 09, 2003@00:19 ENTRY DATE: MAY 09, 2003@00:20:10
 AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON
 SSN: 419-08-7667
 DOB: FEB 6, 1972

1. Discharge Diagnosis:

2. Disposition:

☒ Follow up clinic appointment. Clinic name: Primary care
 ___ Consult to:
 ___ Admitted to inpatient unit:
 ___ Other:
 ___ Left AMA
 ___ Comments:

3. Nursing interventions given in LSU: Immodium 4mg PO; teaching regarding clear diet

4. After-care sheet given:

[] yes, Sheet Title:
 [x] no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: [x] yes [] no
Family member/significant other present: 06. Condition: [] improved
[x] satisfactory
[] unchanged
[] worse

Comments:

{Attending LSU physician to co-sign this note!}

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

Jan 27, 2005

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 05/09/2003 00:21

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TITLE: LSU PHYSICIAN NOTE
DATE OF NOTE: MAY 08, 2003@23:00 ENTRY DATE: MAY 08, 2003@23:00:53
AUTHOR: KAPUR, HARI S EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** LSU PHYSICIAN NOTE Has ADDENDA ***

S.C/O ABDOMINAL PAINS, NAUSEA, DIARRHOEA X 3 DAYS
O.ABDOMEN SOFT, DIFFUSE TENDERNESS
NO GUARDING OR RIGIDITY
ACTIVE BOWEL SOUNDS
SKIN NEG
A.GASTROENTERITIS
P.CBC, CHEM 16, AMYLASE AND LIPASE

/es/ HARI S KAPUR
MD
Signed: 05/08/2003 23:02

05/09/2003 ADDENDUM STATUS: COMPLETED
K+3.3, AMYLASE, LIPASE, WBC NORMAL
IMMODIUM 4MG PO STAT
CLEAR LIQUID DIET, ADVANCE AS TOLERATED
F/U PCC

/es/ HARI S KAPUR
MD
Signed: 05/09/2003 00:13

TITLE: LSU NURSING TRIAGE NOTE
DATE OF NOTE: MAY 08, 2003@22:34 ENTRY DATE: MAY 08, 2003@22:34:53
AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PATIENT'S NAME: WORKS, TYRON
SSN: 419-08-7667
DOB: FEB 6, 1972

ALLERGIES: MUSHROOMS, TYPHOID VACCINE
T: 97.5 F [36.4 C] (05/08/2003 22:34)
B/P: 140/75 (05/08/2003 22:34)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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P: 84 (05/08/2003 22:34)
 H: 72 in [182.9 cm] (12/31/2002 14:10)
 W: 187 lb [85.0 kg] (05/08/2003 22:34)
 P: 8 (05/08/2003 22:34)

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CURRENT MEDICATIONS: Active Outpatient Medications

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) CHLORPHENIRAMINE 8MG SR (CTM) CAP TAKE ONE CAPSULE BY MOUTH TWICE A DAY FOR CONGESTION AS NEEDED	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)	ACTIVE
7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY PP AS NEEDED AS NEEDED FOR PAIN	ACTIVE

IMMUNIZATIONS:

- Time of arrival: ____2228____
- On Arrival, Patient was:
 - ☒ ambulatory
 - ☐ in wheelchair
 - ☐ on stretcher
 - ☐ {via ambulance yes____ no____}
 - ☐ homeless
 - ☐ injured
 - ☐ {work-related injury yes____ no____}
 - ☐ given emergent care prior to arrival
 - describe:
- Major complaint: abdominal pain
- Onset of symptoms, including relevant past history (medical, social, family): Alert oriented x3. Skin warm and dry; resp regular and with ease.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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States that he began having abdominall pain, nausea, diarrhea on Sunday ³⁴⁷ that symptoms resolved on Monday and Tuesday only to return on Wednesday. Presently experiencing abdominal discomfort. Abdomen soft and flat. Refer to MD.

5. First visit to this VA yes___ no__x_

6. NON-VA meds, OTC meds, Herbals:0

7. Immunizations, including tetanus:FLU WHOLE C 01/09/2002
CENTRAL AL NONE
PNEUMO-VAC 07/22/2002 CENTRAL AL

8. Disposition: LSU __x__
Primary Care___
Other___

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 05/08/2003 22:37

TITLE: PHYSICIAN NOTE
DATE OF NOTE: FEB 18, 2003@10:03 ENTRY DATE: FEB 18, 2003@10:04:02
AUTHOR: CHUNG,TAI Q EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Had arthroscopy of right knee in Feb 2002 but he cancelled because of a family situation. He wants to be rescheduled, and will return when he wants his surgery done.

/es/ TAI Q CHUNG, MD
physician
Signed: 02/18/2003 10:11

TITLE: S/D NURSING NOTE
DATE OF NOTE: FEB 18, 2003@09:40 ENTRY DATE: FEB 18, 2003@11:44:07
AUTHOR: FERGUSON,LINDA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

BP: 119/65 (02/18/2003 09:40)
T: 97.6 F [36.4 C] (02/18/2003 09:40)
P: 70 (02/18/2003 09:40)
R: 20 (02/18/2003 09:40)
WT: 182 lb [82.7 kg] (02/18/2003 09:40)
HT: 72 in [182.9 cm] (12/31/2002 14:10)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
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Progress Note

Jan 27, 2005

PAIN: 4 (02/18/2003 09:40)
CONSULT IN CPRS FOR C/O LT KNEE PAIN. REFER TO MD.

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CLINICAL REMINDER ACTIVITY

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

/es/ LINDA FERGUSON

RN

Signed: 02/18/2003 11:45

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: JAN 03, 2003@11:55

ENTRY DATE: JAN 03, 2003@11:56:03

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Unscheduled: states had started feeling a little better until last night then felt like condition was worsening. Continuing to have intermittent chills/sweats. Nasal drainage has turned to yellow/green. Frequent non-productive cough. States good intake of fluids, including hot fluid.

(o) Alert; looks tired; does not look toxic.

VS as taken today per nurse

Nares edematous; yellow-green discharge noted in nares

heart: RRR: no murmur auscultated

lungs: no wheezing, rales or rhonchi auscultated; good bilateral chest expansion

(a) uri

hx asthma

(p) stop amoxil; start levaquin; chlortrimeton

wet reading CXR

to LSU if condition worsens over the weekend

/es/ KAREN BELL, CRNP

Signed: 01/03/2003 12:07

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: JAN 03, 2003@11:03

ENTRY DATE: JAN 03, 2003@11:03:12

AUTHOR: HARRIS, FREDERICK J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

VISTA Electronic Medical Documentation

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

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Progress Note

Jan 27, 2005

WORKS, TYRON 30
419-08-7667

349

Subjective: VETERAN HERE C/O DRY COUGH; FEVER, CHILLS, SORE THROAT; BODY
ACHES; NUMBNESS IN FINGERS; NO OTHER CONCERNS117/50 (01/03/2003 09:24) 65 (01/03/2003 09:24) 18 (01/03/2003 09:24) 97.6 F
[36.4 C] (01/03/2003 09:24)

PAIN: 1 (01/03/2003 09:24)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) AMOXICILLIN 250MG (AMOXIL) CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR INFECTION UNTIL ALL GONE	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
6) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)	ACTIVE
7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY PP AS NEEDED AS NEEDED FOR PAIN	ACTIVE

OTC Medicines: NO

Herbals: NO

Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 No
2. BMI <21 No

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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3. Unintentional weight loss/gain of 5 pounds or more in the past month No 350
4. Follow-up nutrition education needed. No
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes
- a. ☐ Referred to Dietitian today.
- b. ☐ Referred to Dietitian within one week.
- c. ☐ Referred to Dietitian within one month
- d. ☐ No Dietitian referral required.

EXERCISE SCREEN:MILD

Comments:WALK

Assessment and Plan:CALM AND RELAX

Comments:N/C

/es/ FREDERICK J HARRIS

NA

Signed: 01/03/2003 11:06

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: JAN 03, 2003@09:31 ENTRY DATE: JAN 03, 2003@09:31:14

AUTHOR: SEARCY, STACEY L EXP COSIGNER:

URGENCY: STATUS: COMPLETED

WORKS, TYRON 419-08-7667

Age: 30

Gender: MALE

Vital Signs:

T: 97.6 F [36.4 C] (01/03/2003 09:24)

P: 65 (01/03/2003 09:24)

R: 18 (01/03/2003 09:24)

B/P: 117/50 (01/03/2003 09:24)

PAIN: 1 (01/03/2003 09:24)

HT: 72 in [182.9 cm] (12/31/2002 14:10)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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WT: 185 lb [84.1 kg] (01/03/2003 09:24)

MODE OF ARRIVAL:

Other:

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Chief Complaint: Cough, fever, sorethroat states evaluated for the same complaint Dec.31 states he doesnt feel much better. In nad at this time refer to team.

Was the patient given emergent care prior to arrival?

No

Did you try to do anything to relieve your problem prior to your arrival?

Was it effective?

Last Tetanus:

Immunization:

Flu vaccine

Pneumonia vaccine

Allergies: MUSHROOMS, TYPHOID VACCINE

Herbals:

OTC Medicines:

Active Medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	ACTIVE
2) AMOXICILLIN 250MG (AMOXIL) CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR INFECTION UNTIL ALL GONE	ACTIVE
3) DICLOFENAC 75MG EC (VOLTAREN) TAKE ONE TABLET BY MOUTH TWICE A DAY AS NEEDED FOR PAIN WITH FOOD. (DO NOT CRUSH, BREAK OR CHEW)	ACTIVE
4) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
5) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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- 6) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH ACTIVE
TWICE A DAY (SHAKE WELL BEFORE USING)
- 7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH ACTIVE
THREE TIMES A DAY PP AS NEEDED AS NEEDED FOR PAIN

352

Triage Category:

Non Urgent

Disposition to:

Primary Care Team: Yellow Team

Other:

/es/ STACEY L SEARCY

RN

Signed: 01/03/2003 09:36

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
 DATE OF NOTE: DEC 31, 2002@15:59 ENTRY DATE: DEC 31, 2002@15:59:37
 AUTHOR: TALLEY, ANNIE D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment ()

Reassessment ()

NOTE: Noted patient indicated pain level of greater than 3 per triage nurse's note. Patient was evaluated by the PCP but left prior to being assessed for pain by the RN.

1. Pain Rating: 0 =No Pain 10= Greatest Pain []
2. Are you currently receiving treatment for:
- () Arthritis () Diabetic Neuropathy
 - () Lower Back Disorders () Herpes Zoster (shingles)
 - () Leg Cramps () Headaches
 - () Other Chronic pain condition (list)
3. Where is your pain? (list)
- Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
- Least in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
 Right Now: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
 Patient pain intensity goal: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

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QUALITY:**Frequency:**

Throbbing ()	Stabbing ()	Continual ()
Sharp ()	Burning ()	Intermittent ()
Dull ()	Aching ()	With Movement ()
Shooting ()	Radiating ()	Less than Daily ()
Numb ()	Other:	Daily x's

OTHER INDICATORS:

Anxiety ()	Facial Expression ()
Irritability ()	Restlessness ()
Withdrawal ()	Guarding Behavior ()

EXACERBATING FACTORS:

Movement ()
 ADL's ()
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication ()	Imagery ()
Position ()	Relaxation ()
Heat ()	Activity ()
Cold ()	Describe:

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

- 1.
- 2.
- 3.

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY*****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

General activity () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10
 Mood () 0 () 1 () 2 () 3 () 4 () 5

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Normal Work ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Ability to
 Concentrate: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Relations with
 other people ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Enjoyment of life ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10
 Sleep ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Plan of Care/Change required ☐ yes ☐ No
 Action:

Action:

Provider notified ☐ Yes ☐ No
 Return Visit Schedule ☐ Yes ☐ No
 Medication for pain ordered ☐ Yes ☐ No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
☐ Yes ☐ No
 Education related to pain management:
☐ Yes ☐ No
 If yes, patient verbalized understanding:
☐ Yes ☐ No

/es/ ANNIE D TALLEY
 RN,BSN,MS
 Signed: 12/31/2002 16:00

TITLE: NURSE PRACTITIONER GENERAL NOTE
 DATE OF NOTE: DEC 31, 2002@14:36 ENTRY DATE: DEC 31, 2002@14:36:30
 AUTHOR: BELL,KAREN J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

SUBJECTIVE:

In for scheduled appt; cold, sore throat since Christmas Day. Nasal congestion, chills, intermittent fever, congested nose w/frequent clear nasal drainage. For last few nights has wakened w/clothing soaked. Continues to have knee pain; even w/brace states occasionally left knee will give way.

(o) Alert; wdown AA male nad

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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frequent non-productive cough and nasal sniffing during exam

VS as taken today per nurse.

TMS w/good light reflex; nares edematous w/clear nasal drainage; no sinus tenderness; throat reddened but no exudate; no enlarged nodes palpated heart: RRR: no murmur auscultated

lungs: CTA w/=bilateral breath sounds; good bilateral chest expansion

extrem: no cyanosis or edema; wearing hinged brace on left knee

(a) uri

hx asthma

chronic knee pain - hx bilateral knee surgery

(p) chlortrimeton, guaifenesin; amoxil for symptoms; pt is asthmatic warm salt water gargles

hot tea, coffee, other hot drinks prn

if no better by Thurs call for 11:30 appt

chg nsaid to voltaren

ultram bid prn

refer or ortho clinic, Dr. Chung

non-waiting today: cbc

rtc 8-9 mo w/dietary appt for evaluation

/es/ KAREN BELL, CRNP

Signed: 12/31/2002 15:02

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: DEC 31, 2002@14:15

ENTRY DATE: DEC 31, 2002@14:15:47

AUTHOR: FRAZIER, ANNIE J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON 30

419-08-7667

Subjective: follow up appt. c/o continued pain lt knee. sore throat with cough and headaches.

120/66 (12/31/2002 14:10)83 (12/31/2002 14:10)20 (12/31/2002 14:10)98.5 F
[36.9 C] (12/31/2002 14:10)

PAIN:6 (12/31/2002 14:10)

Active Outpatient Medications (including Supplies):

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

Jan 27, 2005

Active Outpatient Medications**Status****356**

- =====
- | | | |
|----|---|--------|
| 1) | ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING) | ACTIVE |
| 2) | ETODOLAC 400MG (LODINE) TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS PAIN | ACTIVE |
| 3) | FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE) | ACTIVE |
| 4) | FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION | ACTIVE |
| 5) | SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING) | ACTIVE |

OTC Medicines:thera-flu. multivits.

Herbals:no

Allergies:MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:bmi 25

1. BMI >27 No
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed. No
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. No

- a. [] Referred to Dietitian today.
- b. [] Referred to Dietitian within one week.
- c. [] Referred to Dietitian within one month
- d. [X] No Dietitian referral required.

EXERCISE SCREEN:MODERATE

Comments:walks daily.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Assessment and Plan:refer to provider

Comments:

CLINICAL REMINDER ACTIVITY

N-Education Assessment:

Patient had no barriers to learning recorded.

Comment: no barriers.

Best learning methods.

Comment: Individual, Hearing, Doing, Reading

Patient's readiness to learn was:

Comment: Good

N-ALCOHOL SCREEN:

Patient drink alcohol in last 12 months. CAGE required

CAGE (Mental Health Instrument)

An alcohol screening test (CAGE) was negative (score=0).

Patient received education on the abuse of alcohol on this encounter

Level of Understanding: Good

Comment: sociable

CAVHCS-Smoking Cessation:

Patient had tobacco use screening/education at this encounter.

Level of Understanding: Good

Comment: non-user of tobacco product(s).

N-DEPRESSION SCREENING:

In the past month has the patient been feeling down, depressed, or helpless?

Comment: No

In the past month, has patient had little interest or pleasure in things?

Comment: No

Depression Screen

Result of Exam: Normal

Provider notified of results Yes

/es/ ANNIE J FRAZIER

NA

Signed: 12/31/2002 14:21

TITLE: PULMONARY NOTE

DATE OF NOTE: SEP 24, 2002@11:51

ENTRY DATE: SEP 24, 2002@11:51:33

AUTHOR: CHOWDHURI,SUSMITA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

F/U VSIIT

ASTHMA, SYMPTOMS STABLE, NO ER VISITS OR ADM

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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MEDS ARE HELPING

REQUIRES ALBUTEROL ONLY 2/WK

GOOD EXERCISE TOLERANCE, NO NOCTURNAL SYMPTOMS

NOT USING NSALIDE FOR NASAL CONGESTION

REQ. ALBUTEROL WHEN WORKING IN YARD, EXPOSURE TO PERFUMES

NOT MEASURING PEAKFLOWS

MEDS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) ETODOLAC 400MG (LODINE) TAB TAKE ONE TABLET BY MOUTH TWICE A DAY WITH FOOD FOR ARTHRITIS PAIN	ACTIVE

Pending Outpatient Medications	Status
=====	=====
1) ALBUTEROL MDI (VENTOLIN) 200 DOSES INHALE 2 PUFFS BY MOUTH FOUR TIMES A DAY AS NEEDED (SHAKE WELL BEFORE USING)	PENDING
2) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	PENDING
3) FLUNISOLIDE (NASALIDE) SOLN,NASAL USE 2 PUFFS OF 0.25MG/ML EACH NOSTRIL TWICE A DAY FOR CONGESTION	PENDING
4) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)	PENDING

O/E

VSS SAO2 99 RA

HENT NO EXUDATES/THRUSH/LN

NASAL TURBS CONGESTED

LUNGS CLEA, NO WHEEZING

CARDIAC S1S2 NL

EXT NO EDEMA

PFT PER LAST NOTE

A/P

MILD ASTHMA

CONT MDI/SPACER

NEEDS TO FOLLOW PEAKFLOWS AND ADJUST MANAGEMENT ACCORDINGLY- D/W PT

AVOID EXPOSURE TO GRASS ETC, USE A MASK

F/U PCP

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Jan 27, 2005

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/es/ SUSMITA CHOWDHURI, MD
PULMONOLOGIST
Signed: 09/24/2002 12:57

TITLE: S/D NURSING NOTE
DATE OF NOTE: SEP 24, 2002@10:45 ENTRY DATE: SEP 24, 2002@10:45:33
AUTHOR: EARLY, TANYA N EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** S/D NURSING NOTE Has ADDENDA ***

BP: 126/72 (09/24/2002 10:45)
T: 97.9 F [36.6 C] (09/24/2002 10:45)
P: 67 (09/24/2002 10:45)
R: 22 (09/24/2002 10:45)
WT: 179 lb [81.4 kg] (09/24/2002 10:45)
HT: 72 in [182.9 cm] (09/24/2002 10:45)
PAIN: 0 (09/24/2002 10:45)
SAO2: 99% AT REST
NON-SMOKER

A: CLIENT HERE FOR F/U ASTHMA EVALUATION. REPORTS INCIDENCE OF SINUSITIS AND IS REQUESTING SOME MEDICATION FOR TREATMENT. ALSO, STATES HE NEEDS A REFILL ON HIS ALBUTEROL MDI. REPORTS COMPLIANCE WITH MDI'S AND EFFECTIVENESS.

GIVEN EDUCATIONAL MATERIALS "ASTHMA, YOU CAN LIVE WITH IT"
I: REFER TO PULMONOLOGIST.

/es/ TANYA N. EARLY
RN
Signed: 09/24/2002 10:52

09/24/2002 ADDENDUM STATUS: COMPLETED
CLINICAL REMINDER ACTIVITY
CAVHCS-Smoking Cessation:
Patient had tobacco use screening/education at this encounter.
Level of Understanding: Good
Comment: NON-SMOKER

/es/ TANYA N. EARLY
RN
Signed: 09/24/2002 10:54

TITLE: S/D TELEPHONE NOTE
DATE OF NOTE: SEP 23, 2002@12:40 ENTRY DATE: SEP 23, 2002@12:40:45

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Jan 27, 2005

AUTHOR: COLLUM, ELIZABETH R EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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Attempted to call and remind patient of pulmonary clinic appointment at 10:30amd tomorrow with Dr. Chowdhuri without success-left message on answering machine.

/es/ ELIZABETH R COLLUM
 RN, CCRN
 Signed: 09/23/2002 12:41

TITLE: INTERDISPLINARY PATIENT AND TEACHING RECORD-PART I
 DATE OF NOTE: JUL 22, 2002@12:44 ENTRY DATE: JUL 22, 2002@12:44:41
 AUTHOR: DUBOSE, VALERIE A EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON SSN: 419-08-7667

EDUCATIONAL ASSESSMENT (Ability to learn, sensory/other limitations past knowledge of condition, obstacles to following treatment regimen.)

Ability to Read: YES (x) NO ()
 Learns best: (x) Visual (x) Hearing (x) Doing
 Barrier: () Emotional () Language () Physical
 () Hearing () Mental (x) None
 Readiness to learn: (x) yes () No
 Other: Cultural or Religious Practices: Methodist

Educational Needs /Plan/Goals: (State goals in terms of patient behavior).

Veteran will be knowledgeable of ways to attain/maintain optimal health
 AEB: 1. Veteran will verbalize understanding/knowledge of current health status.
 2. Veteran will state factors that potentate health complications.
 3. Veteran will state ways to maintain a healthy lifestyle:
 a. Verbalize understanding of prescribed diet.
 b. Verbalize understanding of recommended exercise regimen to help promote weight control and a healthy heart and lungs.
 c. Verbalize understanding of medications-dosage, route, side effects, and reason for each medication.

/es/ VALERIE A. DUBOSE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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RN

Signed: 07/22/2002 13:21

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TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: JUL 22, 2002@11:49

ENTRY DATE: JUL 22, 2002@11:50:17

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

SUBJECTIVE: In for scheduled appt; pain intermittent in right side above hip bone; may last for up to a minute or two; pain is very sharp, makes movement very difficult. Pain initially started about 1-2 months ago and is increasing in frequency. Does not occur daily. No pattern to pain. States is doing well w/inhalers from pulmonologist. Pt is non-smoker. Knee pain doing very well at this time on Lodine.

(o) Alert; wdown AA male nad
heart: RRR; no murmur auscultated
lungs: CTA w/=bilateral breath sounds
extrem: no cyanosis or edema
abd: soft; nt/nd; pt stated pain was in small area above right hip when it did occur; states never had on left side.

(a) intermittent abd pain w/out pattern or known cause
asthma

(p) schedule US of abd
pneumovax today
rtc 9-10 mo w/chem 7
renew meds
non-waiting today Hep C screen (has tattoos)

OBJECTIVE:

ASSESSMENT:

PLAN:

CLINICAL REMINDER ACTIVITY
CAVHCS-Smoking Cessation:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Patient had tobacco use screening/education at this encounter.

Level of Understanding: Good

Comment: pt is non-smoker

/es/ KAREN BELL, CRNP

Signed: 07/22/2002 12:15

07/22/2002 ADDENDUM

STATUS: COMPLETED

Pneumococcal vaccine, 0.5ml, given IM left deltoid. Lot# 0134M

Exp: 13sep03. No complications. Information sheet and explanation of
Pneumococcal immunization provided. Veteran verbalized understanding.

/es/ VALERIE A. DUBOSE

RN

Signed: 07/22/2002 12:53

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
 DATE OF NOTE: JUL 22, 2002@11:21 ENTRY DATE: JUL 22, 2002@11:21:47
 AUTHOR: MORGAN, JACQUELINE D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

*** INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II Has ADDENDA ***

Name: WORKS, TYRON

SSN: 419-08-7667

Educational Needs Assessment

Learning Abilities:

☒ Reads ☒ Writes

Readiness to Learn:

☒ Receptive ☐ Motivated ☐ Denying ☐ Not InterestedBarriers to Learning: Select items that describe barriers to learning. If
there are no barriers, select None.

☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

Translator Required:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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☒ No ☐ Yes (contact the hospital operator)**Learning Preferences:**

- ☐ Audio Tapes
- ☐ Video Tapes
- ☐ Direct Teaching
- ☐ Other

Learning Needs:

- ☐ Diagnosis ☐ Safety ☐ Medications ☐ Self Care
- ☐ Activity ☒ Treatments ☐ Tests ☐ Surgery
- ☐ Nutrition

Patient's highest grade completed:

Significant other's highest grade completed:

Comments:

Education Progress Note: EXPLAINED NEW CLINIC PROCESS AND HEALTH-LINE.

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

- ☐ Safe and effective use of medications
- ☐ Nutrition intervention/counseling and/or diet modification
- ☐ Safe and effective use of medical equipment
- ☐ Pain management
- ☐ Rehabilitation techniques
- ☒ Available community resources
- ☒ When and how to obtain further treatment
- ☐ Personal hygiene and grooming
- ☐ Imaging procedures
- ☐ Food/Drug interaction counseling
- ☐ Other

Recipient of Education; ("X" all that apply)

- ☐ Patient
- ☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
P.O. BOX 65
FITZPATRICK, ALABAMA 36029
419087667

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Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
- ☐ Written
- ☐ Audio/Visual
- ☐ Demonstration
- ☐ Group/Class
- ☐ Title of handout(s) provided:
- ☐ Other

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Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☐ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☐ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian
- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy
- ☐ Blind Rehabilitation Specialist
- ☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
- ☐ Imaging
- ☐ Other:

General Equipment Certification Training:

Type of Equipment:

Serial #:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

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Comments:

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Approved by MRT 5/12/2000

/es/ JACQUELINE D MORGAN
LPN

Signed: 07/22/2002 11:24

07/22/2002 ADDENDUM
13YRS OF SCHOOLING.

STATUS: COMPLETED

/es/ JACQUELINE D MORGAN
LPN

Signed: 07/22/2002 11:25

Receipt Acknowledged By:

07/25/2002 16:39 /es/ KAREN BELL, CRNP

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: JUL 22, 2002@11:12 ENTRY DATE: JUL 22, 2002@11:12:15

AUTHOR: MORGAN, JACQUELINE D EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON 30
419-08-7667

Subjective: PRESENTS TODAY FOR FOLLOW-UP CARE AND/OR EVALUATION.

117/68 (07/22/2002 11:09) 66 (07/22/2002 11:09) 18 (07/22/2002 11:09) 98.9 F
[37.2 C] (07/22/2002 11:09)

PAIN: 0 (07/22/2002 11:09)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ETODOLAC 200MG (LODINE) CAP TAKE TWO CAPSULES BY MOUTH TWICE A DAY FOR ARTHRITIS WITH FOOD FOR ARTHRITIS PAIN	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- 2) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE) ACTIVE
- 3) FLUNISOLIDE (NASALIDE) NASAL INHALER INHALE 2 PUFFS IN EACH NOSTRIL TWICE A DAY FOR CONGESTION ACTIVE
- 4) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING) ACTIVE

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OTC Medicines:NONE

Herbals:VITAMIN

Allergies:MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 No
 2. BMI <21 No
 3. Unintentional weight loss/gain of 5 pounds or more in the past month No
 4. Follow-up nutrition education needed. No
 5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes
- a. [] Referred to Dietitian today.
- b. [] Referred to Dietitian within one week.
- c. [] Referred to Dietitian within one month
- d. [X] No Dietitian referral required.

EXERCISE SCREEN:MILD

Comments:

Assessment:ALERT,ORIENTED X 3 SPHERES. AMBULATES WITH STEADY GAIT.

Comments:

CLINICAL REMINDER ACTIVITY

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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N-DEPRESSION SCREENING:

In the past month has the patient been feeling down, depressed, or helpless?

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Comment: No

In the past month, has patient had little interest or pleasure in things?

Comment: No

If YES TO EITHER QUESTIONS, ask the patient the following question AND notify the provider of the results: DO YOU FEEL SUICIDAL TODAY?

Comment: No

Depression Screen

Result of Exam: Normal

Provider notified of results Yes

N-PNEUMOVAX:

Patient declined Pneumococcal Vaccine at this encounter

CAVHCS-Smoking Cessation:

Patient had tobacco use screening/education at this encounter.

Level of Understanding: Good

Comment: NON-SMOKER OR USER OF TOBACCO PRODUCTS.

MST Screening:

Patient denies experiencing MST in the past.

/es/ JACQUELINE D MORGAN

LPN

Signed: 07/22/2002 11:19

TITLE: OPTOMETRY

DATE OF NOTE: MAY 17, 2002@12:14

ENTRY DATE: MAY 17, 2002@12:14:28

AUTHOR: BANNISTER, JOHNNY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

OPTOMETRY CLINIC

CAVHCS - MONTGOMERY A1

FINDINGS ARE NORMAL UNLESS NOTED BELOW

Dilated fundus exam unless "DO" noted

~~~~~  
SUBJECTIVE:  
~~~~~

RFV: Glasses requested/ consult Reason For Request:

29 yr old pt new to pc; wears reading glasses. Notes vision changes.

Please evaluate. Thank you./ cc- Cutting grass Sat- eye turned red-
used A/C type drops but red eye reoccurs

: phx= asthma, djd

ALLERGIES= NKDA- mushroom, thyphoid

MEDS= 4

ROS : eye, cardiovasc, endo, respiratory+, psych., musculoskel+,

GI , GU. , Neuro. , ENT , heme/lymph.,

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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OBJECTIVE:

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EOM - from perrla ct-0

VA(S) OD 20/25 OS 20/25

REFRACTION(S):

DATE	OD*****VA	TYPE	OS*****VA	ADD
PC	+0.50 -0.50 85		+0.75 -0.50 94	
arrx	+0.25 -0.25 90 /25		+0.75 -0.75 78 /25	
020517	+0.75 -0.75 92/20	MANRX	+0.75 -0.75 89 /20	n/a
computer rx	+1.50 -0.75 92		+1.50 -0.75 89	

IOPS NCT 13 020517 10

SLE =(CLIVAC)=papiloma ll/lid, no corneal staining, no a/c reaction, f/b os

ANGLES= 1/2+

OPHTHAL= CD.3+/.3+, lens clear, Media clear, margin clear, Mr=wnl,a/v= 2/3-, A=1(do)

OTHER TEST= red lens - fusion

maddor rod 1/2bout// ortho near

ASSESSMENT:

Mental State=alert-

367.0, 367.2- latent hyperopia
f/body os

TX PLAN:

GLASSES- offered

copies of manrx and computer glasses given - pt wanted to use his frames
- not our policyf/body removed - irrigated os with dacriose
tears - otc- d/c other drops

RTC= 2 yrears

[] patient agrees with plan

[X] patient verbalizes basic understanding of plan

[x] patient doesn't agree with plan. (did not want to be dilated-)

Action taken: Advised pt I could over look a pathology that could
cause him to go blind if I did not dilate -he acknowledged this
posibility. Did not dilate

[] patient does not verbalize basic understanding of plan.

/es/ JOHNNY BANNISTER

STAFF OPTOMETRIST

Signed: 05/17/2002 12:54

TITLE: OPTOMETRY CONSULT

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

Jan 27, 2005

DATE OF NOTE: MAY 17, 2002@12:13
 AUTHOR: BANNISTER, JOHNNY
 URGENCY:

ENTRY DATE: MAY 17, 2002@12:13:55
 EXP COSIGNER:
 STATUS: COMPLETED

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see optometry note 020517

/es/ JOHNNY BANNISTER
 STAFF OPTOMETRIST
 Signed: 05/17/2002 12:54

TITLE: S/D TELEPHONE NOTE
 DATE OF NOTE: MAY 16, 2002@11:22
 AUTHOR: PRICE, BETTYE A
 URGENCY:

ENTRY DATE: MAY 16, 2002@11:22:54
 EXP COSIGNER:
 STATUS: COMPLETED

A. Message left on veteran's phone mail at work reminding him of his appointment on 5/17/02@11:30 with Dr. Bannister.

/es/ BETTYE A. PRICE
 RN
 Signed: 05/16/2002 11:24

TITLE: NUTRITION NOTE
 DATE OF NOTE: APR 10, 2002@09:04:55
 AUTHOR: BROWN, DAVID K
 URGENCY:

ENTRY DATE: APR 10, 2002@09:04:56
 EXP COSIGNER:
 STATUS: COMPLETED

RD'S NOTE: INITIAL ASSESSMENT/ED (ED X 15 MIN)

NL NUTRITION

WT=171LBS, BMI=23.19

LABS PENDING
 10-23-01: BS=88, CHOL=170

INST PT ON NORMAL NUTRITION/PT VERBALIZED SAME.

PT IS WNL OF IBW.

WNL BS/CHOL (10-23-01); LABS PENDING TODAY.

PT WALKS FOR EXERCISE; PT LOOKS FIT.
 OCC ETOH/NO TOBACCO

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F/U PRN

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/es/ DAVID K. BROWN, R.D.

DIETITIAN

Signed: 04/10/2002 09:07

TITLE: PULMONARY CONSULT

DATE OF NOTE: MAR 27, 2002@11:20

ENTRY DATE: MAR 27, 2002@11:20:12

AUTHOR: CHOWDHURI, SUSMITA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PULMONARY CONSULT Has ADDENDA ***

MILD ASTHMA

USE PEAKFLOW- D/W PT

SEREVENT, ALBUTEROL, AEROBID D/W PT

USE SPACER

GET OLD RECORDS AND FILMS,

RTC 6M

/es/ SUSMITA CHOWDHURI, MD

PULMONOLOGIST

Signed: 03/27/2002 11:20

04/18/2002 ADDENDUM

STATUS: COMPLETED

CONSULT FOR ASTHMA

30-YM DX WITH ASTHMA @ GERMANY 2000. AFTER HE DEVELOPED SINUS CONGESTION AND WHEEZING. PFT- MILD ASTHMA PER PT. WAS BEGUN ON SEREVENT /ALBUTEROL. NOTED SOB /CHEST TIGHTNESS ON CLIMBING STAIRS, 'OVEREXERTION' / MDI HELPED. NO

H/O CHILDHOOD ASTHMA,

+ FHx OF ASTHMA- COUSIN, DAUGHTER.

MOVED TO AL 9/01. CURRENTLY DOING WELL, EXERCISE TOLERANCE- SOB ON CLIMBING 3 FLIGHTS. CAN CLIMB MORE STAIRS NOW THAN WHEN HE WAS DXED WITH ASTHMA. L. SYMPTOMS STABLE. H/O 'FLU 1 Y AGO, WAS ON STEROIDS THEN. PF APPROX 400, NO ER VISITS FOR ASTHMA.

NO SIG COUGH, WHEEZING.

TRIGGERS: COLD AIR, SINUSITIS, POLLEN, EXERCISE. - SNEEZING X 15 SECONDS, DUST AND CHEMICALS CAUSE CHOKING.

NO NOCTURNAL SOB.

NO ORTHOPNEA, PND, CP, LEG EDEMA

OCCASIONAL COUGH, WHITE SPUTUM

NO GERD

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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PMX
AS ABOVE,
PPD-VE
KNEE SURGERY, RHINITIS

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MEDS

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) ETODOLAC 200MG (LODINE) CAP TAKE TWO CAPSULES BY MOUTH TWICE A DAY FOR ARTHRITIS WITH FOOD FOR ARTHRITIS PAIN	ACTIVE
2) FLUNISOLIDE (AEROBID) ORAL INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING. RINSE MOUTH AFTER USE)	ACTIVE
3) FLUNISOLIDE (NASALIDE) NASAL INHALER INHALE 2 PUFFS IN EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
4) SALMETEROL (SEREVENT) INHALER INHALE 2 PUFFS BY MOUTH TWICE A DAY (SHAKE WELL BEFORE USING)	ACTIVE
5) SPACER DEVICE WITH CHAMBER USE WITH ORAL METERED DOSE INHALERS BY MOUTH FOUR TIMES A DAY	ACTIVE

ALBUTEROL 2-3 /X D SEREVENT 2 BID
NO INHALED STEROIDS

ROS
DENIES POST NASAL DRIP/ GERD
CP IN GERMANY EST NL PER PT.

NO PETS

SX
NEVER SMOKED, ETOH OCCASIONAL
OCCUP- 'STOCK CLERK'; IN ARMY AND RSA

O/E
VSS SAO2 99RA, NAD
HENT NO JVD/LN/EXUDATES
NOT USING ACCESSORY MUSCLES OF RESPIRATION
LUNGS CLEAR
CARDIAC S1S2 NL
ABD SOFT, NT, NO HSM, BS+
EXT NO CYANOSIS/CLUBBING/EDEMA

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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PFT SPIROMETRY SUGGEST RESTRICTION, FEV1 72%, FEV1/FVC 86%
LUNG VOL/DL NOT DONE; NO SIG BRONCHODIL RESPONSE

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CXR
NL

A/P

MILD ASTHMA

USE PEAKFLOW- D/W PT

SEREVENT , ALBUTEROL, AEROBID D/W PT

USE SPACER

GET OLD RECORDS AND FILMS,

RTC 6M

GET PFT, LUNG VOL, DL

KEEP ENVIRONMENT CLEAN

USE SPACER, MDI USE D/W PT.

MONITOR PEAKFLOWS, ASTHMA SELF MANAGEMENT TECHNIQUES D/W PT

/es/ SUSMITA CHOWDHURI, MD

PULMONOLOGIST

Signed: 04/18/2002 18:17

TITLE: S/D NURSING NOTE

DATE OF NOTE: MAR 27, 2002@09:36

ENTRY DATE: MAR 27, 2002@09:36:12

AUTHOR: PASCHELL-JOHNSON, CATHEXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** S/D NURSING NOTE Has ADDENDA ***

BP: 135/69 (03/27/2002 09:35)

T: 97.8 F [36.6 C] (03/27/2002 09:35)

P: 72 (03/27/2002 09:35)

R: 18 (03/27/2002 09:35)

WT: 168.4 lb [76.5 kg] (03/27/2002 09:35)

HT: 72 in [182.9 cm] (01/09/2002 13:00)

PAIN: 2 (03/27/2002 09:35)

O2SAT 99%

Patient here on pulmonary consultation for h/o asthma. Patient states he has episodes of SOB and chest tightening on a daily basis after exertion. Refer to Dr. Chowdhuri.

/es/ CATHERINE S. PASCHELL-JOHNSON

L.P.N.

Signed: 03/27/2002 09:39

03/27/2002 ADDENDUM

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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CLINICAL-REMINDER ACTIVITY**N-DEPRESSION SCREENING:****373**

In the past month has the patient been feeling down, depressed, or helpless?

Comment: No

In the past month, has patient had little interest or pleasure in things?

Comment: No

Depression Screen

Result of Exam: Normal

Provider notified of results no

/es/ CATHERINE S. PASCHELL-JOHNSON

L.P.N.

Signed: 03/27/2002 10:37

TITLE: MEDICAL RECORD - DISCHARGE INSTRUCTIONS

DATE OF NOTE: FEB 27, 2002@12:17

ENTRY DATE: FEB 27, 2002@12:17:44

AUTHOR: JAMES, SHARON D

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

MEDICAL RECORD - DISCHARGE INSTRUCTIONS

Date of Admission:

Date of Discharge:

Type of Discharge:

1. Discharge Diagnoses:
2. Plan for Follow-up Care (Follow-up Appointment):
3. List Discharge Medications and Instructions:
4. Specific Treatment Procedures (Self Care Instructions):
5. Discharge Nutrition Instructions:
 - ___ No Restrictions / Regular Diet
 - ___ Restrictions (Specify and include drug and food interactions):
 - ___ Nutrition Therapy provided by Dietitian

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6. Physical Activity Limitations:

☐ No Restrictions☐ Restrictions (Specify):

7. Weight Monitoring:

☐ No Restrictions☐ Restrictions (Specify):☐ Current Weight _____☐ Note: If your diagnosis is congestive heart failure please notify the telenurse at 1-866-601-1079 if you gain ____ pounds in ____ days.

8. What to do if symptoms worsen:

Call our 24 hour / 7 days a week Telenurse Healthline Service for medical advice and assistance. Toll free number 1-866-601-1079.

9. Other (Include employment status):

Patient or Caregiver Signature / Date / Time

I have received and understand my discharge instructions.

Signed copy goes in medical record.

One copy goes to patient.

/es/ SHARON D JAMES

RN, CNOR

Signed: 02/27/2002 12:17

TITLE: INTERDISPLINARY PATIENT AND TEACHING RECORD-PART I

DATE OF NOTE: FEB 05, 2002@11:56

ENTRY DATE: FEB 05, 2002@11:56:34

AUTHOR: JOHNSON, CARLA L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Name: WORKS, TYRON

SSN: 419-08-7667

EDUCATIONAL ASSESSMENT

(Ability to learn, sensory/other limitations past knowledge of condition, obstacles to following treatment regimen.)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Ability to Read: YES (X) NO ()
 Learns best: () Visual () Hearing (X) Doing
 Barrier: () Emotional () Language () Physical
 () Hearing () Mental () None
 Readiness to learn: (X)yes () No
 Other: Cultural or Religious Practices:

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Educational Needs /Plan/Goals: (State goals in terms of patient behavior).

NOTE: TO BE COMPLETED BY NURSING SERVICE
 VERY COOPERATIVE.NO ACUTE PROBLEMS.

/es/ CARLA L. JOHNSON
 STAFF NURSE
 Signed: 02/05/2002 11:57

TITLE: AMB SURGERY PRE OP INSTRUCTIONS
 DATE OF NOTE: FEB 05, 2002@11:49 ENTRY DATE: FEB 05, 2002@11:50
 AUTHOR: JOHNSON,CARLA L EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Ambulatory Surgery Preoperative Instructions

1. You are scheduled for (procedure)ARTHROSCOPY OF RT KNEE under (type of anesthesia) MAC anesthesia by Dr.CHUNG
2. Report to CAVHCS, Montgomery campus (Date)3-20-02 at(Time)0600
3. DO NOT EAT OR DRINK anything after midnight or bedtime the day before your surgical or diagnostic procedure. (INCLUDING ALCOHOL, CHEWING GUM OR TOBACCO, AND SMOKING AT LEAST 12 HOUR BEFORE OR AFTER SURGERY)
4. Take only the medicine instructed by your doctor. Please hold all blood thinner, such as Aspirin and Coumadin 3-5 days before your surgery date.
Take the following meds with small sips of water:
5. Please advise your physician and nurse of Allergies:
6. For some procedures, it is necessary that you are given medicine the day before or the morning of surgery. If this is applicable, please follow the instructions carefully. Pre-op labs, x-rays and EKG's may also be ordered.
7. On arrival to the hospital, check in on Ward 2A (2nd floor). Before going to the operating room (OR), you will be ask to change clothes into

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--surgical attire--(gown and cap, no underwear), remove all dentures, jewelry, eye glasses, contact lenses, money, nail polish and makeup, so please limit valuable you bring to the hospital.
REMEMBER to wear comfortable clothing.

8. You will be transported by stretcher or wheelchair to the operating room.

9. Once in the OR area you will continue to be prepared for the procedure, i.e. positioning, scrubbing(cleaning) the affected area, surgical attire (gown and cap, no underwear), vital signs and starting IV fluids.

10. When the procedure is over you will go to the PACU (Recovery room) to be monitored for stability before returning to the ward.

11. If you have any questions/concerns, or if the need arises to postpone or reschedule your procedure please call your physician/nurse between the hours of 8:00am and 3:30pm, Monday-Friday.

Long distance callers may use 1-800-214-8387 (Used for Tuskegee or Montgomery)

Montgomery (334) 272-4670

operating room ext. 4030

clerk ext. 4606

preop teaching nurse ext. 4359

Tuskegee (334) 727-0550

pre op teaching nurse ext. 4044

clerk ext. 3356

eye clinic 3369/3230/3231

podiatry clinic 3135

12. In the event of an emergency, the procedure may be delayed or canceled.

13. I have received and fully understand the pre-op teaching instructions and a responsible (driver) person will accompany me to and from the hospital on the day of surgery.

14. Patient and/or guardian has received a copy of these instructions.

/es/ CARLA L. JOHNSON

STAFF NURSE

Signed: 02/05/2002 11:52

TITLE: ORTHOPEDIC CONSULT

DATE OF NOTE: FEB 05, 2002@10:08

AUTHOR: CHUNG,TAI Q

ENTRY DATE: FEB 05, 2002@10:08:21

EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

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URGENCY:

STATUS: COMPLETED

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29 yo man has bilateral knee pain for sseveral knee. Had athroscopy surgery in right knee 1999 and left knee in Nov 2000. Had persistent pain after surgeries. Right worse. Has some swelling, clicking, some giving. Exam: Both knees ahve minimal effusions. Tender at medial joint lines bialterally 0 to 120 degrees of flexion. No instability MRI11/16/01: grade 2 tear of posterior horn of medial meniscus right knee; degenerative signal s in both menisci, no definite tear IMP; Possible meniscus injuries

P: Discuss arthroscopy of right knee with menisectomy and debridement. Risks include anesthesia, infeciton, neurovascular damage, incomplete resolution and return of function in the knee, especially since this would be the second time he has surgery on this knee. He understands and wishes to proceed.

/es/ TAI Q CHUNG, MD
physician

Signed: 02/05/2002 10:18

TITLE: S/D NURSING NOTE

DATE OF NOTE: FEB 05, 2002@09:41 ENTRY DATE: FEB 05, 2002@09:41:29

AUTHOR: PASCHELL-JOHNSON, CATHEXP COSIGNER:

URGENCY:

STATUS: COMPLETED

BP: 132/68 (02/05/2002 09:39)

T: 98 F [36.7 C] (02/05/2002 09:39)

P: 66 (02/05/2002 09:39)

R: 18 (02/05/2002 09:39)

WT: 171.2 lb [77.8 kg] (02/05/2002 09:39)

HT: 72 in [182.9 cm] (01/09/2002 13:00)

PAIN: 5 (02/05/2002 09:39)

Patient here on orthopedic consultation for bilateral knee pain.

Patient has h/o surgery to both knees 5/99 right knee and 11/00 left knee.

Patient is presently taking lodine 400mg BID. Refer to Dr.Chung.

/es/ CATHERINE S. PASCHELL-JOHNSON
L.P.N.

Signed: 02/05/2002 09:46

TITLE: ADVANCE DIRECTIVE PREPARATION: SOCIAL WORKER

DATE OF NOTE: JAN 09, 2002@14:44:19 ENTRY DATE: JAN 09, 2002@14:44:19

AUTHOR: GODFREY, SANDRA F EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Attachment A

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

FITZPATRICK, ALABAMA 36029

419087667

VISTA Electronic Medical Documentation

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Progress Note

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ADVANCE DIRECTIVE PREPARATION: SOCIAL WORKER

PATIENT NAME: WORKS, TYRON

SSN: 419-08-7667

(X)a. Requested information has been provided to patient about Advance Directive.

()b. Patient has been assisted in completing an Advance Directive (copy given to PSA).

/es/ SANDRA F. GODFREY

LCSW

Signed: 01/09/2002 14:44

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: JAN 09, 2002@13:18

ENTRY DATE: JAN 09, 2002@13:18:14

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

SUBJECTIVE: received from triage at this time for lpm appt. Pt new to PC.

OBJECTIVE:

ASSESSMENT:

PLAN:

CLINICAL REMINDER ACTIVITY

C-UNVESTED PATIENTS:

HPI - (requires a minimum of 4 or more of the following elements-
Chief Complaint, Location, Quality, Severity, Timing, Context, Mg
Factors, Associated Signs & Symptoms):

History of present illness

Comment: pt new to pc;

Past Medical, Family, Social History

Past Medical, Family, or Social History:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Arthritis:

Comment: dx in 2000 when having knee surgery (L) knee

COPD:

Comment: dx w/asthma in 2000

History of outside Surgery

Comment: bilateral knee surgery

Other Past medical History:**Family Medical History:****Mother Living?**

Comment: Yes: age 62

Mother's Chronic Medical Illness:

Comment: GERD

Father Living?

Comment: No: father died when pt was very small

Father's Chronic Medical Illness:

Comment: cirrhosis of liver related to ETOH

Sisters

Comment: 1: health good as far as pt knows

Brothers:

Comment: 2: 1 deceased: died approx age 29; hx of TB, HIV

Social History**Smokes Pack per day**

Comment: non-smoker

Occupation

Comment: supply & logistics clerk

Employment status

Comment: unemployed: VA claim pending

Marriage Status

Comment: separated

Does not use street drugs**Patient Uses Alcohol**

Comment: OTHER: occasional social drinker

Over the Counter Medications and Herbals:

Inquire about Over-the-Counter medication use:

Comment: no routine use

Exam: (requires at least 2 of the following elements)**HEENT:**Comment: funduscopy neg for hemorrhage or exudate; eomi; perrl;
tms w/good bilateral light reflex; nares edematous; natural
teeth; pharynx w/out exudate**Neck:**Comment: supple; no jvd; no bruits; no thyroid enlargement
palpated**Chest:**Comment: resp w/ease; lungs CTA; equal bilateral chest expansion:
=bilateral breath sounds**Cardiovascular:**

Comment: RRR: no murmur or gallop auscultated

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Abdomen:

Comment: nbs x 4; soft; nt/nd; no masses palpated

Genitourinary/DRE:

Comment: < 50

Genital Male:

Comment: circumcised male

Extremities:

Comment: no cyanosis or edema; good rom all extremities

Skin:

- Comment: supple; no tenting; 3 tattoos on arms

Neurologic:

Comment: no abnormal gait or movements; CN II-XII grossly intact

Resp:**Cough**

Comment: Positive: hx of asthma

Wheezing

Comment: Positive; during exacerbation

Dyspnea

Comment: Positive: on exertion during exacerbation

CV:**Chest Pain**

Comment: Positive: episode in Germany w/cardiac work up and hospitalization but no cardiac problem ever noted

Palpitations

Comment: Negative

PND

Comment: Negative

Orthopnea

Comment: Negative

GU**Hematuria**

Comment: Negative

Frequency

Comment: Negative

Urgency

Comment: Negative

Dysuria

Comment: Negative

Endo:**Polyuria**

Comment: Negative

Polydipsia

Comment: Negative

Weight Change

Comment: Positive

Paresthesia

Comment: Positive: intermittent tingling, numbness in legs, feet

MsK:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Pain

Comment: Positive: bilateral knee surgery ; currently on Naprosyn
from Maxwell; states worked for awhile but not controlling
pain now

381**Hem/Imm/Inf:****Bleeding**

Comment: occasional bleeding gums

Adenopathy

Comment: Negative

Chills

Comment: Negative

Sweats

Comment: Negative

Fevers

Comment: Negative

Psych**Depression**

Comment: Negative

Anxiety

Comment: Negative

Unusual Stress

Comment: Negative

patient exam completed.

(o) addition to extrem exam: wearing hinged brace on left knee; no
crepitus in knees; can independently extend each knee

(a) brings documentation from MRI 11/16/01 of grade III tear of posterior
horn of the medial meniscus w/small effusion and degenerative signals in
both menisci of left knee but a definite grade III tear not identified
asthma

(p) refer today to prosthetics for peak flow meter
refer to orthopedic clinic
dc naprosyn, start Lodine
nursing appt in 3 months w/fasting lipid profile, chem 7, dietary appt
rtc in 6 mo
flu vaccine today
nasalide

refer to optometry

/es/ KAREN BELL, CRNP

Signed: 01/09/2002 14:32

01/09/2002 ADDENDUM

STATUS: COMPLETED

Flu vaccine 0.5ml lot# UU678AA exp 6/30/02 given im left deltoid.
Pt tolerated well.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Progress Note

Jan 27, 2005

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/es/ AMY M OSBORNE
lpn
Signed: 01/09/2002 14:52

TITLE: ADVANCE DIRECTIVE PREPARATION: NURSE
DATE OF NOTE: JAN 09, 2002@13:13 ENTRY DATE: JAN 09, 2002@13:13:35
AUTHOR: OSBORNE, AMY M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Attachment A

ADVANCE DIRECTIVE PREPARATION: NURSE

PATIENT NAME: WORKS, TYRON SSN: 419-08-7667

- () 1. Patient has Advance Directive:
- () a. Copy available, given to PSA
 - () b. Copy requested and provider notified to document substance of living will in record.
- (x) 2. Patient does not have Advance Directive. Patient given AD handout
- () a. Pt. does not want more information
 - (x) b. Pt. wants more information. SW notified
- () 3. Pt. confused/unconscious and unable to respond.

* Indicate Co-signature to notify provider and/or SW

/es/ AMY M OSBORNE
lpn
Signed: 01/09/2002 13:13

Receipt Acknowledged By:
01/18/2002 14:12 /es/ KAREN BELL, CRNP
01/09/2002 13:28 /es/ SANDRA F. GODFREY
LCSW

TITLE: INTERDISCIPLINARY PATIENT AND TEACHING RECORD - PART II
DATE OF NOTE: JAN 09, 2002@13:13 ENTRY DATE: JAN 09, 2002@13:14:01
AUTHOR: OSBORNE, AMY M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Educational Needs Assessment

Learning Abilities:

☒ Reads ☒ Writes

Readiness to Learn:

☒ Receptive ☐ Motivated ☐ Denying ☐ Not Interested

Barriers to Learning: Select items that describe barriers to learning. If there are no barriers, select None.

☒ None ☐ Not Interested ☐ Memory ☐ Motivation
☐ Cognition ☐ Sedation ☐ Visual ☐ Hearing
☐ Language ☐ Emotional State ☐ Cultural ☐ Financial

Translator Required:

☒ No ☐ Yes (contact the hospital operator)

Learning Preferences:

☐ Audio Tapes
☐ Video Tapes
☐ Direct Teaching
☒ Other: reading, doing

Learning Needs:

☒ Diagnosis ☐ Safety ☐ Medications ☐ Self Care
☒ Activity ☐ Treatments ☐ Tests ☐ Surgery
☒ Nutrition

Patient's highest grade completed: 12th; 1 yr college

Significant other's highest grade completed:

Comments:

Education Progress Note

Instructions: At a minimum, document any education given for these categories "X" the category of education provided:

☒ Safe and effective use of medications

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Progress Note

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- ☒ Nutrition intervention/counseling and/or diet modification
- ☐ Safe and effective use of medical equipment
- ☐ Pain management
- ☐ Rehabilitation techniques
- ☐ Available community resources
- ☒ When and how to obtain further treatment
- ☐ Personal hygiene and grooming
- ☐ Imaging procedures
- ☐ Food/Drug interaction counseling
- ☐ Other

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Recipient of Education; ("X" all that apply)

- ☒ Patient
- ☐ Family/caregiver

Summary of Education Provided: (Document summary of information taught).

Discussed importance of low-fat, low-chol, well-balanced diet and regular exercise.

Teaching Method: ("X" all that describes the teaching methods used).

- ☒ Verbal
- ☐ Written
- ☐ Audio/Visual
- ☐ Demonstration
- ☐ Group/Class
- ☐ Title of handout(s) provided:
- ☐ Other

Outcome: (Select the item(s) that describes the outcome of teaching/learning process).

- ☒ Verbalized understanding
- ☐ Able to demonstrate skills
- ☐ Unable to understand
- ☐ Needs reinforcement; Document follow-up action:
- ☐ Risks and complications of non-compliance explained
- ☐ Inappropriate for teaching due to pain, refusal, mentation and inability to focus
- ☐ Other:

Discipline of Instructor providing teaching:

- ☐ Physician/Dentist
- ☒ Nurse/Nurse Practitioner/Nurse Anesthetist/Physician's Assistant
- ☐ Psychologist
- ☐ Dietitian

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WORKS, TYRON

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Progress Note

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- ☐ Social Worker
- ☐ Pharmacist
- ☐ Respiratory Therapy
- ☐ Blind Rehabilitation Specialist
- ☐ Rehabilitation Therapy (Physical, Occupational, Kinesiotherapy, Recreation, Music)
- ☐ Imaging
- ☐ Other:

/es/ AMY M OSBORNE

lpn

Signed: 01/09/2002 13:15

TITLE: ANNUAL SCREENING-NURSING

DATE OF NOTE: JAN 09, 2002@13:02

ENTRY DATE: JAN 09, 2002@13:02:38

AUTHOR: OSBORNE, AMY M

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

ANNUAL PHYSICAL EXAMINATION - NURSING

DATE: JAN 09, 2002

PROVIDER: Karen bell, CRNP

TEAM: Yellow

AGE: 29

HT: 72 in [182.9 cm] (01/09/2002 13:00)

WT: 171.4 lb [77.9 kg] (01/09/2002 13:00) BMI: 23.2

B/P: 126/65 (01/09/2002 13:00) P: 70 (01/09/2002 13:00)

T: 98.3 F [36.8 C] (01/09/2002 13:00) R: 20 (01/09/2002 13:00)

ALLERGIES: THYPHOID VACCINE, MUSHROOMS

MEDICATIONS (including OTC):

1. Serevent MDI 1 puff bid
2. Albuterol MDI prn for acute asthma attack
3. Naprosyn 1tab po bid for pain

HERBAL MEDICATIONS: none

CHIEF COMPLAINT(s): First visit to primary care. C/o bilat knee pain.

Hx: asthma

Sx: orhtoscopy of bilat knees

pt to be seen per karen bell

refer to dietitian for annual screening.

IMMUNIZATIONS

Influenza Vaccination (65 & over or with chronic disease)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Vaccination Date: hasn't had
Refused []

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Pneumococcal Vaccination (65 and older or with risk factors).
Vaccination Date: never had
Refused []

Tetanus:
last immunization date: doesn't remember
Refused Booster []

TB diagnoses (ever) Y[] N[x]
Positive skin test (ever) Y[] N[x]
Date of last PPD: 8/01
If refused, date

SOCIAL HISTORY

Live at home [yes] Supportive family [yes] Live alone []
Homeless []
Nursing Home [] Visiting Nurse [] HBPC []

TOBACCO

Screened for use of tobacco products within the past year Y[x] N[]
Currently uses tobacco product(s) []
Former user of tobacco product(s) []
Never used tobacco product(s) [x]

SUBSTANCE ABUSE SCREEN (Alcohol/Illicit Drugs)

Questioned on use of alcohol within the past year [yes]
Patient has never used alcohol/illicit drugs []
Has had a drink of alcohol within the past year Y[x] N[]
If YES describe:

amount: 1-2 drinks

frequency: occasional weekend

- (1) Have you felt you should cut down on drinking and/or drug use
Y[] N[x]
(2) Have people annoyed you by criticizing your drinking or drug use
Y[] N[x]
(3) Have you felt bad or guilty about your drinking or drug use
Y[] N[x]
(4) Have you had a drink or used drugs the first thing in the morning to
steady your nerves, get rid of a hangover, or to get the day started
Y[] N[x]

DEPRESSION/PTSD SCREEN (Screening done within one year of most recent outpatient visit)

Have you recently experienced any of the following:
fatigue/loss of energy Y[x] N[]

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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feelings of being distant/cut off from people Y[] N[x]
 Frequent episodes of irritability, anxiety, and/or sadness Y[] N[x] 387
 Thoughts of harming self or others Y[] N[x]
 Super alert/watchful/on guard Y[] N[x]
 Sleeping difficulty Y[] N[x]
 Do you live alone Y[] N[x]
 Do you have supportive family/friends Y[x] N[]
 Recently had upsetting images/memories/thoughts Y[] N[x]
 been treated for Depression or MDD in the past year Y[] N[x]
 Have you experienced:
 Combat Y[] N[x]
 Assault/rape Y[] N[x]
 serious injury Y[] N[x]
 Within the past year been under stress (divorce, job loss, death of
 relative/friend, frequent illness/hospitalization) Y[x] N[]

EDUCATION

Patient provided instructions or educational material and verbalized understanding of ALL of the following information:

Education on his/her disease process/processes within three months of diagnosis [yes]

Advance Directives [yes]
 Executed Y[x] N[]
 Date: 1/9/02

Organ Donation [yes]
 Wishes to Donate Y[] N[x]

Patient Rights and Responsibilities [yes]
 Medications [yes] Diagnosis/Plan of Care [yes]

Nutritional Needs [yes]
 Exercise/physical activity [yes] Contraindicated Y[] N[x]
 Physical Activity Level
 Inactive [] Mild [] Moderate [x] Heavy []

Bicycle helmet use [na] Seatbelt use [yes]
 Sunscreen use [yes]
 Degree of Understanding: Good [x] Fair [] Poor []

Hepatitis C Screen

History of positive test for Hepatitis C Y[] N[x]
 a. if YES, individual patient care decisions regarding counseling, further testing and treatment options are necessary;
 b. if NO, indicate the presence or history of any of the following:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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[no] Transfusion of blood or blood products prior to 1992
 [no] Illicit drug use by injection, past or present, any number **383**
 of injections, skin or intravenous site
 [no] Unequivocal blood exposure on or through skin or mucous
 membrane (medical worker, combat casualty care, needle
 stick injury)
 [yes] Multiple sexual partners, past or present
 [yes] Tattoo or repeated body piercing
 [no] Intranasal cocaine use, past or present
 [no] Intemperate alcohol use
 [no] Hemodialysis
 [no] Unexplained abnormal ALT value
 [no] Unexplained liver disease

If none of the items listed above are checked, there is a low priority for HCV antibody screening; screening is not recommended except by patient request.

If the answer to any of the above items is yes, check that the provider is notified to order the following:

- a. Refer to infection control for counseling for risky behavior [yes]
- b. Screening: HCV antibody test [yes]
- c. ALT (if not yet done) [yes]

CLINICAL REMINDER ACTIVITY

C-Hepatitis C Risk Assessment:

Patient was asked about the following risk factors for hepatitis C:

1. Blood/Blood product prior to 1992 ?
2. Injected, skin-popped, snorted drugs, or used a crack pipe?
3. Served in Vietnam
4. Multiple sexual partners (>10)
5. Ever gotten someone else's blood on their skin during combat or been stuck with a needle/scaple contaminated with blood as a medical worker.
6. Tatoos/repeated body piercing
7. Ever been told he/she was positive for Hep C
8. Had a drinking problem

Patient had risk factor for hepatitis c recorded.

N-Education Assessment:

Patient has the following barriers to Learning

Patient had no barriers to learning recorded.

Best learning methods.

Comment: Doing, Reading

Patient's readiness to learn was:

Comment: Good

N-DEPRESSION SCREENING:

In the past month has the patient been feeling down, depressed, or

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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helpless?

Comment: Yes

In the past month, has patient had little interest or pleasure in things?

Comment: No

If YES TO EITHER QUESTIONS, ask the patient the following question AND notify the provider of the results: DO YOU FEEL SUICIDAL TODAY?

Comment: No

Depression Screen

Result of Exam: Abnormal

Provider notified of results Yes

N-ALCOHOL SCREEN:

Patient drink alcohol in last 12 months. CAGE required

CAGE (Mental Health Instrument)

An alcohol screening test (CAGE) was negative (score=0).

C-CHF SCREEN:

Patient blood pressure recorded.

126/65

Patient pulse recorded.

70

History of CHF

Comment: no hx of CHF per pt.

Weight done today

Comment: Yes; 171.4 lbs

PATIENT EXAM COMPLETED

Comment: no hx of CHF per pt.

Ischemic Heart Disease:

Taking Aspirin at most recent outpatient visit.

Comment: No

Patient pulse recorded.

70

Patient blood pressure recorded.

126/65

PATIENT EXAM COMPLETED

Comment: no hx of CHF per pt.

CAVHCS-Smoking Cessation:

Patient had tobacco use screening/education at this encounter.

Level of Understanding: Good

/es/ AMY M OSBORNE

lpn

Signed: 01/09/2002 13:13

TITLE: EKG OUTPT TUSKEGEE

DATE OF NOTE: OCT 30, 2001@13:40

ENTRY DATE: OCT 30, 2001@13:40:35

AUTHOR: HOLTZCLAW, MARGARET J EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

P.O. BOX 65

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Progress Note

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EKG OCMPLETED 10/24/01 @ 14:13.
CONFIRMED BY DR SRINIVASAN.

IMPRESSION:

VENT RATE - 62 bpm.
BP - 121/64mmHg.
NORMAL SINUS RHYTHM.
NORMAL ECG.

TRACING WITH SIGNATURE ON PAPER RECORD.

/es/ MARGARET J HOLTZCLAW
RESPIRATORY THERAPIST
Signed: 10/30/2001 13:41

Receipt Acknowledged By:

10/30/2001 13:53 /es/ KRISHNASWAMI SRINIVASAN
STAFF PHYSICIAN

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Surgical Information

Jan 27, 2005

ANESTHESIA REPORT

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TITLE: ANESTHESIA REPORT
 DATE OF NOTE: AUG 21, 2003@10:15 ENTRY DATE: JUN 14, 2004@10:44:04
 AUTHOR: EXP COSIGNER:
 URGENCY: STATUS: COMPLETED
 SUBJECT: Case #: 35993

 * DISCLAIMER: This information is provided from historical files and *
 * cannot be verified that the author has authenticated/approved this *
 * information. The authenticated source document in the patient's *
 * medical record should be reviewed to ensure that all information *
 * concerning this event has been reviewed or noted. *

Operating Room: M-ORI

Anesthetist: NAMKOONG, WON Relief Anesth:
 Anesthesiologist: NAMKOONG, WON Assist Anesth:
 Attending Code:

Anes Begin: AUG 21, 2003 10:15 Anes End: AUG 21, 2003 11:35

ASA Class: 2-MILD DISTURB.

Operation Disposition: PACU (RECOVERY ROOM)

Anesthesia Technique(s):

GENERAL (PRINCIPAL)

Agent: FENTANYL 50mcg/ML (SUBLIMAZE) 5ML INJ
 Intubated: NO

Procedure(s) Performed:

Principal: right knee arthroscopy and menisectomy

Other: KNEE ARTHROSCOPY/SURGERY

Medications:

BUPIVACAINE 0.25% W/EPI 10ML INJ

Blood Replacement Fluids:

RINGERS LACTATED SOLUTION

Quantity: 400 ml

Source ID: N/A

VA ID: N/A

Intraoperative Blood Loss:

Urine Output:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Surgical Information

Jan 27, 2005

PAC(U) Admit Score: 9

PAC(U) Discharge Score: 10

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Postop Anesthesia Note Date/Time:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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Medical Package Information

Jan 27, 2005

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Pg. 1

01/27/05 10:14

CONFIDENTIAL ECG REPORT

WORKS, TYRON

419-08-7667

NOT INPATIENT

DOB: FEB 6, 1972

PROCEDURE DATE/TIME: 08/21/03 07:27

AGE: 31

HT IN:

BLOOD PRESSURE:

WARD/CLINIC:

SEX: MALE

WT LBS:

TYPE:

VENT RATE: 67

PR INTERVAL: 164

QRS DURATION: 92

QT: 386

QTC: 407

P AXIS: 132

R AXIS:

T AXIS: 11

INTERPRETATION:

INSTRUMENT DX: LOW VOLTAGE, RARE PAC-NONSPECIFIC ST-T CHANGES-When compared with F

CONFIRMATION STATUS:

COMPARISON:

COMMENTS:

HEART MEDS:

INTERPRETED BY:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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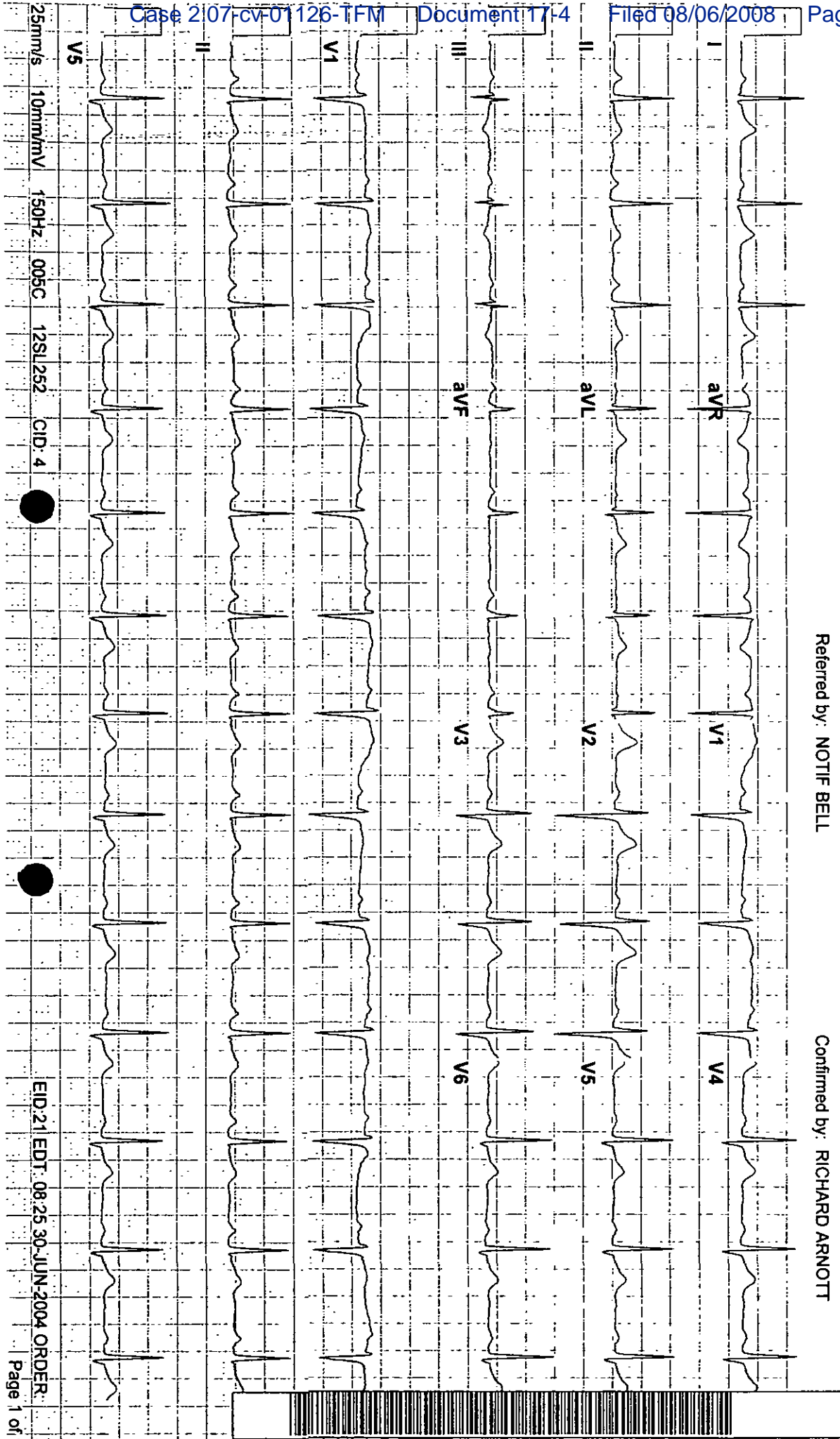
32 yr
Male
Black
72in
180lbVent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes77 BPM
164 ms
84 ms
352/398 ms
57 31 9Normal sinus rhythm
Normal ECG
When compared with ECG of 21-AUG-2003 07:27, NO CHANGE

Technician: JTW

Referred by: NOTIF BELL

Confirmed by: RICHARD ARNOTT

Case 2:07-cv-01126-TFM Document 17-4 Filed 08/06/2008 Page 147 of 250



Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:CHEST 2 VIEWS PA&LAT

Inst:TUSKEGEE VAMC
Case:420

Phy:ROSS, LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1, 2004 10:52
DATE REPORTED: JUN 1, 2004
(RAD Detailed) CPT:71020

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(Case 420 COMPLETE) CHEST 2 VIEWS PA&LAT

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/01/04

FINDINGS: Examination of the chest was made in PA and lateral views.

There is no cardiac, pulmonary or pleural abnormality. Multiple calcified granulomas are seen in the hilar regions and perihilar area.

Mild dorsal scoliosis is noted.

Impression:

THERE IS NO CARDIAC, PULMONARY OR PLEURAL ABNORMALITY. MULTIPLE CALCIFIED GRANULOMAS ARE SEEN IN THE HILAR REGIONS AND PERIHILAR AREA.

MILD DORSAL SCOLIOSIS IS NOTED.

JOB25438 MT154/BM

Primary Diagnostic Code:
MINOR ABNORMALITY

Primary Interpreting Staff:

VICHAI CHAICHARNCHEEP, STAFF RADIOLOGIST (Verifier)

/TAB

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-05-1972 Age:32
Procedure:SPINE LUMBOSACRAL MIN 2 VIEW

Inst:TUSKEGEE VAMC
Case:424

Phy:ROSS, LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1, 2004 10:52
DATE REPORTED: JUN 1, 2004

393

(Case 424 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT:72100

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Examination of the lumbar spine was performed in AP and lateral views.

The lumbar lordosis is maintained. No abnormality is seen.

Impression:

NORMAL EXAM.

JOB25439 MT154/BM

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

VICHAJ CHAICHARNCHEEP, STAFF RADIOLOGIST (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:FOOT 2 VIEWS

Inst:TUSKEGEE VAMC
Case:427

Phy:ROSS, LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1, 2004 10:52
DATE REPORTED: JUN 1, 2004
(RAD Detailed) CPT:73620

397

(Case 427 COMPLETE) FOOT 2 VIEWS
Proc Modifiers : LEFT

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Dated 06/01/04 - There is mild to moderate hallux valgus deformity. Mild osteoarthritic changes of the first MP joint is noted with small periarticular spurring laterally. There is mild overlapping of the fourth and fifth toes. Soft tissue is unremarkable.

Impression:

MILD TO MODERATE HALLUX VALGUS DEFORMITY. MILD OSTEOARTHRITIC CHANGES OF THE FIRST MP JOINT. OVERLAPPING FOURTH AND FIFTH TOES.

JOB25455 MT154/BM

Primary Diagnostic Code:
MINOR ABNORMALITY

Primary Interpreting Staff:
Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972Age:32
Procedure:ANKLE 2 VIEWS

Inst:TUSKEGEE VAMC
Case:429

Phy:ROSS, LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1, 2004 10:52
DATE REPORTED: JUN 1, 2004
(RAD Detailed) CPT:73600

393

(Case 429 COMPLETE) ANKLE 2 VIEWS
Proc Modifiers : LEFT

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Dated 06/01/04 - No bone or joint abnormality of the left ankle is noted. Soft tissue is unremarkable.

Impression:

WITHIN NORMAL LIMITS. LEFT ANKLE.

JOB25453 MT154/BM

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:

Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/JEH

Name:WORKS.TYRON
SSN:419-08-7667
DOB:02-06-1972Age:32
Procedure:KNEE 2 VIEWS

Inst:TUSKEGEE VAMC
Case:433

Phy:ROSS.LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1,2004 10:52
DATE REPORTED: JUN 1,2004
(RAD Detailed) CPT:73560

399

(Case 433 COMPLETE) KNEE 2 VIEWS
Proc Modifiers : BILATERAL EXAM

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Dated 06/01/04 - No bone or joint abnormality of the knees
is noted. Suprapatellar bursae are within normal limits.

Impression:

WITHIN NORMAL LIMITS. BOTH KNEES.

JOB25452 MT154/BM

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:

Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:SHOULDER 2 OR MORE VIEWS

Inst:TUSKEGEE VAMC
Case:459

Phy:ROSS, LESLIE
Ward/Clinic:T-C&P L.ROSS
DATE OF EXAM: JUN 1.2004 10:52
DATE REPORTED: JUN 1.2004
(RAD Detailed) CPT:73030

400

(Case 459 COMPLETE) SHOULDER 2 OR MORE VIEWS
Proc Modifiers : RIGHT

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Dated 06/01/04 - No bone or joint abnormality of the right
shoulder is noted. Soft tissue is unremarkable.

Impression:

WITHIN NORMAL LIMITS. RIGHT SHOULDER.

JOB25449 MT154/BM

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:

Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/JEH

Name:WORKS, TYRON

SSN:419-08-7667

DOB:02-06-1972 Age:32

Procedure:HAND 1 OR 2 VIEWS

Inst:TUSKEGEE VAMC

Case:460

Phy:ROSS, LESLIE

Ward/Clinic:T-C&P L.ROSS

DATE OF EXAM: JUN 1, 2004 10:52

DATE REPORTED: JUN 1, 2004

(RAD Detailed) CPT:73120

401

(Case 460 COMPLETE) HAND 1 OR 2 VIEWS

Proc Modifiers : LEFT

Clinical History:

C&P EXAM

Report:

DATE OF REPORT: 06/02/04

FINDINGS: Dated 06/01/04 - No bone or joint abnormality of the left hand is noted. Soft tissue is unremarkable.

Impression:

WITHIN NORMAL LIMITS. LEFT HAND.

JOB25448 MT154/BM

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/JEH

**MULBERRY
DIAGNOSTIC IMAGING CENTER
X-RAY REPORT**

402

FAMILY NAME WORKS,		FIRST NAME TYRON	MIDDLE NAME	TECHNOLOGIST KS	
EXAMINATION OF MRI LUMBAR	NAME-PART		SEX M	AGE-YEARS 32	X-RAY NO. 100343
ATTENDING PHYSICIAN DR. K. BELL (VA) 419-08-7667			DATE 28 May 2004		

REPORT**HISTORY: LB & BIL LEG PAIN****MRI OF THE LUMBAR SPINE:**

T1W and T2*W images were taken in parasagittal plane throughout the lumbar spine and with T1W and T2*W transaxials from L3 to S1.

At L1-2, L2-3, L3-4 and L4-5, the discs are normal in height, configuration and signal showing no spinal stenosis or foraminal encroachment. Conus medullaris is normal.

At L5-S1, there is mild posterior loss of disc height and mild loss of signal. There is no posterior bulging to cause spinal stenosis or foraminal encroachment. Specifically the thecal sac, S1 nerve roots and the anterior epidural venous plexus are unaffected.

OPINION:

Mild desiccation at L5-S1, without complication.

JHL/fbh

d: 28 May 2004

r: 28 May 2004

s: 28 May 2004

JAMES H. LAROSE, MD

SIGNATURE OF RADIOLOGIST

X-RAY REPORT

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:CT LUMBAR SPINE W/O CONT

Inst:CENTRAL ALABAMA HCS
Case:2294

Phy:BELL, KAREN J
Ward/Clinic:M-K BELL NP-YELLOW TEAM WC 2
DATE OF EXAM: MAY 5, 2004 13:09
DATE REPORTED: MAY 5, 2004
(CT Detailed) CPT:72131

403

(Case 2294 COMPLETE) CT LUMBAR SPINE W/O CONT

Clinical History:

32 yr old w/chronic back pain: symptoms increasing now having intermittent numbness in legs which occur when back spasms.

Report:

Axial scan of the lumbar spine was performed at L3-4, L4-5, and L5-S1. There is no evidence of disc herniation, spinal stenosis or other significant bony or soft tissue abnormality at L3/L4 and L4/L5 levels. However, there appears to be a central disc protrusion at L5/S1 level.

Impression:

HERNIATED L5/S1 DISC IS SUSPECTED. IF CLINICALLY INDICATED, FURTHER EVALUATION BY MRI MAY BE CONSIDERED.

Primary Diagnostic Code:
ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
VICHAI CHAICHARNCHEEP, STAFF RADIOLOGIST (Verifier)

/VIC

Name:WORKS, TYRON

SSN:419-08-7667

DOB:02-06-1972Age:32

Procedure:SPINE LUMBOSACRAL MIN 2 VIEW

Inst:CENTRAL ALABAMA HCS

Case:2706

Phy:BELL,KAREN J

Ward/Clinic:M-K BELL NP-YELLOW TEAM WC 2

DATE OF EXAM: APR 30.2004 12:14

DATE REPORTED: APR 30.2004

404

(Case 2706 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT:72100

Clinical History:

32 yr old w/chronic back pain: symptoms worsening; reports back spasms and intermittent numbness in legs

Report:

DATE OF REPORT: 05/02/04

FINDINGS: There are spondylotic changes seen of the spine with minimal narrowing of the intervertebral spaces between L5-S1 with relative loss of normal lordosis. Prevertebral soft tissues appear normal.

Impression:

NARROWED L5-S1 INTERVERTEBRAL SPACE.

JOB21250 MT154/BM

Primary Diagnostic Code:

MINOR ABNORMALITY

Primary Interpreting Staff:

SRINIVAS R.SHROFF,M.D., CHIEF,IMAGING SERVICE (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:FOOT 2 VIEWS

Inst:CENTRAL ALABAMA HCS
Case:2288

Phy:KAPUR, HARI S
Ward/Clinic:M-LSU (24 HRS)
DATE OF EXAM: FEB 25, 2004 20:05
DATE REPORTED: FEB 26, 2004
(RAD Detailed) CPT:73620

405

(Case 2288 COMPLETE) FOOT 2 VIEWS
Proc Modifiers : LEFT

Clinical History:
PAIN UNABLE TO BEAR WEIGHT ON FRONT PART OF FOOT R/T INJURY

Report:
DATE OF REPORT: 02/26/04

FINDINGS: Dated 02/25/04 - Early degenerative osteoarthritis involving the first metatarsophalangeal joint manifested by joint space narrowing and early osteophytes. No evidence of fracture, dislocation or bony lesions.

Impression:
EARLY DEGENERATIVE OSTEOARTHRITIS. LEFT FOOT AS DESCRIBED.

JOB12136 MT154/BM

Primary Diagnostic Code:
MINOR ABNORMALITY

Primary Interpreting Staff:
ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:ANKLE 2 VIEWS

Inst:CENTRAL ALABAMA HCS
Case:2294

Phy:KAPUR, HARI S
Ward/Clinic:M-LSU (24 HRS)
DATE OF EXAM: FEB 25, 2004 20:05
DATE REPORTED: FEB 26, 2004
(RAD Detailed) CPT:73600

403

(Case 2294 COMPLETE) ANKLE 2 VIEWS
Proc Modifiers : LEFT

Clinical History:
PAIN UNABLE TO BEAR WEIGHT ON FRONT PART OF FOOT R/T INJURY

Report:
DATE OF REPORT: 02/26/04

FINDINGS: Dated 02/25/04 - Normal bone, joint, and soft tissue. No
evidence of fracture, dislocation, or bony lesions.

Impression:
NORMAL LEFT ANKLE.

JO812138 MT154/BM

Primary Diagnostic Code:
MINOR ABNORMALITY

Primary Interpreting Staff:
ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/JEH

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:CHEST SINGLE VIEW

Inst:CENTRAL ALABAMA HCS
Case:1557

Phy:KAPUR, HARI S
Ward/Clinic:M-LSU (24 HRS)
DATE OF EXAM: DEC 1, 2003 18:36
DATE REPORTED: DEC 2, 2003
(RAD Detailed) CPT:71010

407

(Case 1557 COMPLETE) CHEST SINGLE VIEW

Clinical History:
asthma

Report:
DATE OF REPORT: 12/02/03

FINDINGS: There is rotation towards the left. The heart and lungs
grossly appear normal.

#MT#031202-MA01891#MAR1202C.154#1557

Impression:
NORMAL STUDY.

JOB01891 MT154/BM

#MT#031202-MA01891#MAR1202C.154#1557

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:
SRINIVAS R. SHROFF, M.D., CHIEF, IMAGING SERVICE (Verifier)

/SJP

31 yr
Male
Black
72in
180lb
Room:119-3
Loc:1

Vent. rate 67 BPM
PR interval 164 ms
QRS duration 92 ms
QT/QTc 386/407 ms
P-R-T axes 132 40 11

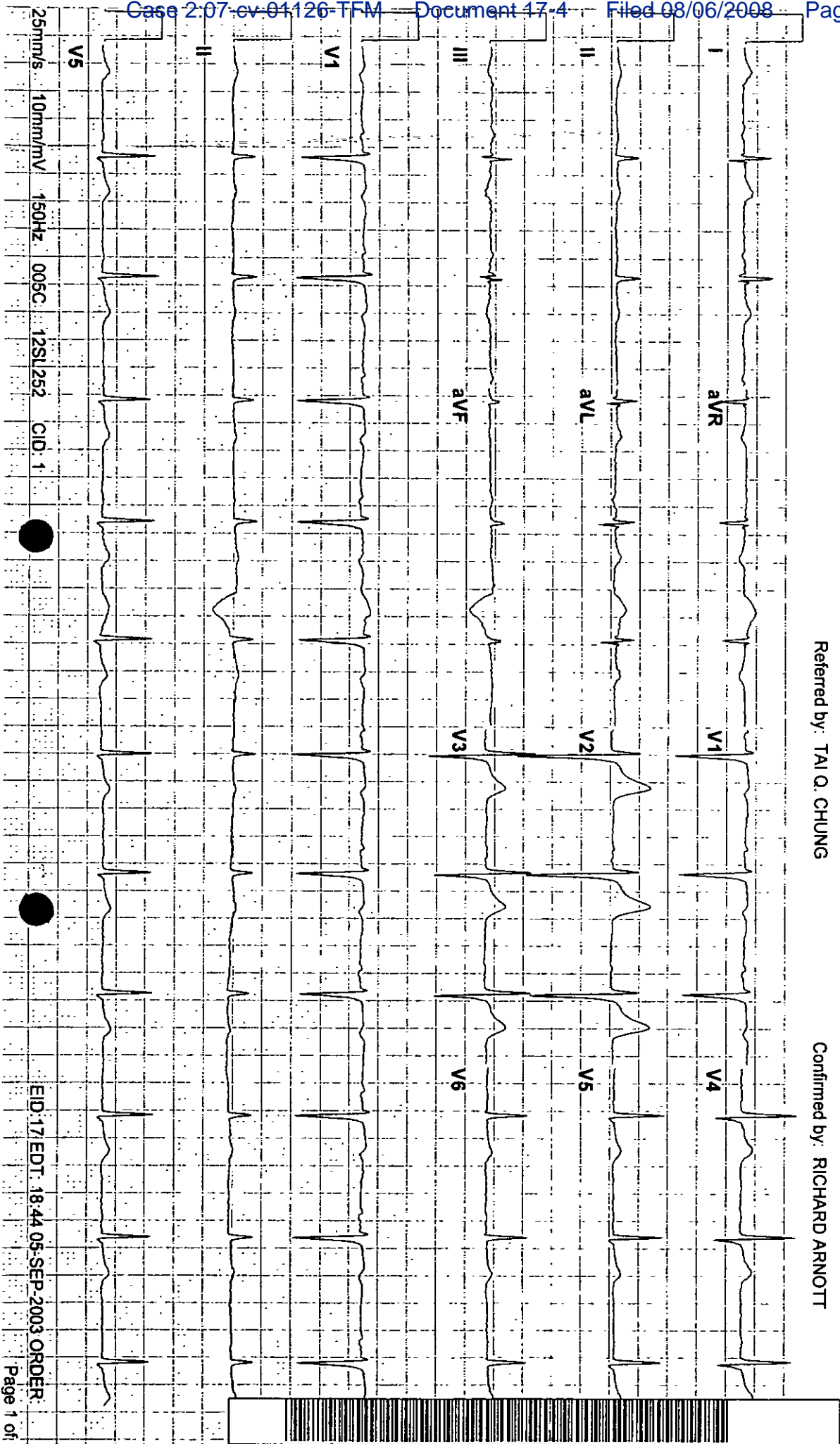
LOW VOLTAGE, RARE PAC
NONSPECIFIC ST-T CHANGES
When compared with ECG of 24-OCT-2001 14:13,
Nonspecific T wave abnormality, worse in Inferior leads
ABNORMAL SEEN SINCE 10/01

Technician: WSD

Referred by: TAI Q. CHUNG

Confirmed by: RICHARD ARNOTT

Case 2:07-cv-01126-TFM Document 17-4 Filed 08/06/2008 Page 161 of 250



Name:WORKS, TYRON

SSN:419-08-7667

DOB:02-06-1972 Age:32

Procedure:CT HEAD W&WO CONT

Inst:CENTRAL ALABAMA HCS

Case:288

Phy:BELL, KAREN J

Ward/Clinic:ZM-KAREN BELL, NP YELLOW FY 01

DATE OF EXAM: AUG 11, 2003 08:50

DATE REPORTED: AUG 11, 2003

(CT Detailed) CPT:70470

403

(Case 288 COMPLETE) CT HEAD W&WO CONT

Proc Modifiers : CONTRAST MEDIA USED

Clinical History:

31 yr old w/hx of frequent HAs while in Germany 2 yrs ago. HAs have returned and are more intense, frequent than previously. Now will come, last several days, resolve then return. Now having 4-5 HAs per month that last several days at a time. Has been unable to relate to any activities, food, allergies, change in weather.

Report:

DATE OF REPORT: 08/11/03

FINDINGS: CT scan of the head was performed before and after IV contrast. The ventricular systems and cortical sulci appear normal. No evidence of midline shift, infarction, hemorrhage, or tumor is suggested.

#MT#030811-MA00415#MAR0811D.154#0288

Impression:

NORMAL EXAM.

JOB00415 MT154/BM

#MT#030811-MA00415#MAR0811D.154#0288

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

VICHAI CHAICHARNCHEEP, STAFF RADIOLOGIST (Verifier)

/SJP



Veterans Administration Medical Center
215 Perry Hill Road

Pulmonary Function Analysis

Patient: WORKS, TYRON

Id: 419-08-7667

Date: 08/01/03

Physician: BELL, CRNP

410

Diagnosis:

Age: 31

Height(in): 72

Weight(lb): 186

Gender: Male

Race: Black

Spirometry

		Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
FVC	Liters	5.74	3.71	65	3.73	65	0
FEV1	Liters	4.75	3.22	68	3.27	69	2
FEV1/FVC	%	83	87		88		
FEF25-75%	L/sec	4.95	4.06	82	4.28	86	5
FEF50%	L/sec	5.84	4.50	77	4.63	79	3
PEF	L/sec	10.11	9.36	93	7.25	72	-23
MVV	L/min	184					

Lung Volumes

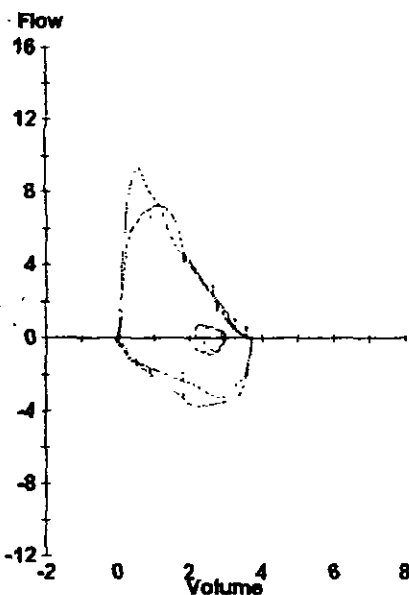
TLC	Liters	7.57
RV	Liters	2.02
RV/TLC	%	27
FRC N2	Liters	4.02

Diffusion

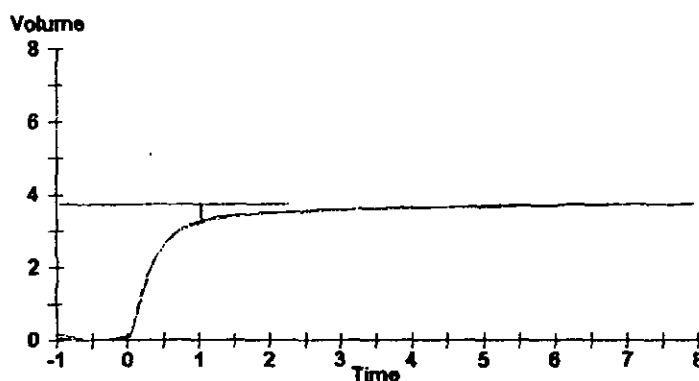
DLCO	mL/mmHg/min	31.4
DL Adj	mL/mmHg/min	31.4
DLCO/VA	mL/mHg/min/L	4.57
DLVA Adj	mL/mHg/min/L	
VA	Liters	

Maximal Respiratory Pressures

PI max	cmH2O	126
PI Volume	Liters	



Ref ___ Pre ___ Post ___



DX ASTHMA. PT USES 3 MDIs BUT NOT YET TODAY. NO KNOWN ALLERGIES. PT NEVER SMOKED. CURRENTLY PT C/O TIGHTNESS IN CHEST. EFFORT GOOD.

Interpretation:

There is no obstructive lung defect indicated by the FEV1/FVC ratio. Since VC is 65% of predicted, an additional restrictive lung defect cannot be excluded by spirometry alone. On the basis of this study, more detailed pulmonary function testing may be useful if clinically indicated. This is interpreted as an insignificant response to bronchodilator.

Flow volume loop showing restrictive pattern. Suggest lung volume study.

-EDITED- R S

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:CHEST 2 VIEWS PA&LAT

Inst:CENTRAL ALABAMA HCS
Case:5682

Phy:BELL, KAREN J
Ward/Clinic:ZM-KAREN BELL, NP YELLOW FY 01
DATE OF EXAM: JAN 3, 2003 12:12
DATE REPORTED: JAN 3, 2003
(RAD Detailed) CPT:71020

411

(Case 5682 COMPLETE) CHEST 2 VIEWS PA&LAT

Clinical History:
Report:
Impression:
No infiltrates.

Primary Diagnostic Code:
ABNORMALITY, ATTN. NEEDED

Primary Interpreting Staff:
Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/VC

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:ULTRASOUND-ABD.COMP.,LIVER.G

Inst:CENTRAL ALABAMA HCS
Case:5106

Phy:BELL,KAREN J
Ward/Clinic:ZM-KAREN BELL,NP YELLOW FY 01
DATE OF EXAM: AUG 1,2002 11:45
DATE REPORTED: AUG 1,2002

412

(Case 5106 COMPLETE) ULTRASOUND-ABD.COMP.,LIVER.G.B,PA(US Detailed) CPT:76700

Clinical History:

30 yr old w/intermittent right abd pain.

Report:

DATE OF REPORT: 08/01/02

FINDINGS: Dated 08/01/02 - The gallbladder shows no stones. The gallbladder wall is normal in thickness. Common bile duct is normal in size, measuring 4.3 mm. The liver is of normal size, measuring 16 cm in diagonal diameter. There is no ascites. The liver parenchyma is homogeneous without evidence of intrahepatic filling defects, cysts, or ductal dilatation. The pancreas is unremarkable.

#MT#020801-MA05035#MAR0801D.154#5105

Impression:

NO GALLSTONE.

JOB05035 MT154/BM

#MT#020801-MA05035#MAR0801D.154#5106

Primary Diagnostic Code:

MINOR ABNORMALITY

Primary Interpreting Staff:

Virasak Choikiatikul, M.D. Staff Radiologist (Verifier)

/SJP

WORKS, TYSON

ID:419087667

24-OCT-2001 14:13:50

MONTGOMERY VAMC

29 yr
Male
Black
72in
180lb
Room:C&P

Vent. rate
PR interval
QRS duration
QT/QTc
P-R-T axes
BP

62 BPM
158 ms
88 ms
392/397 ms
67 38
121/64

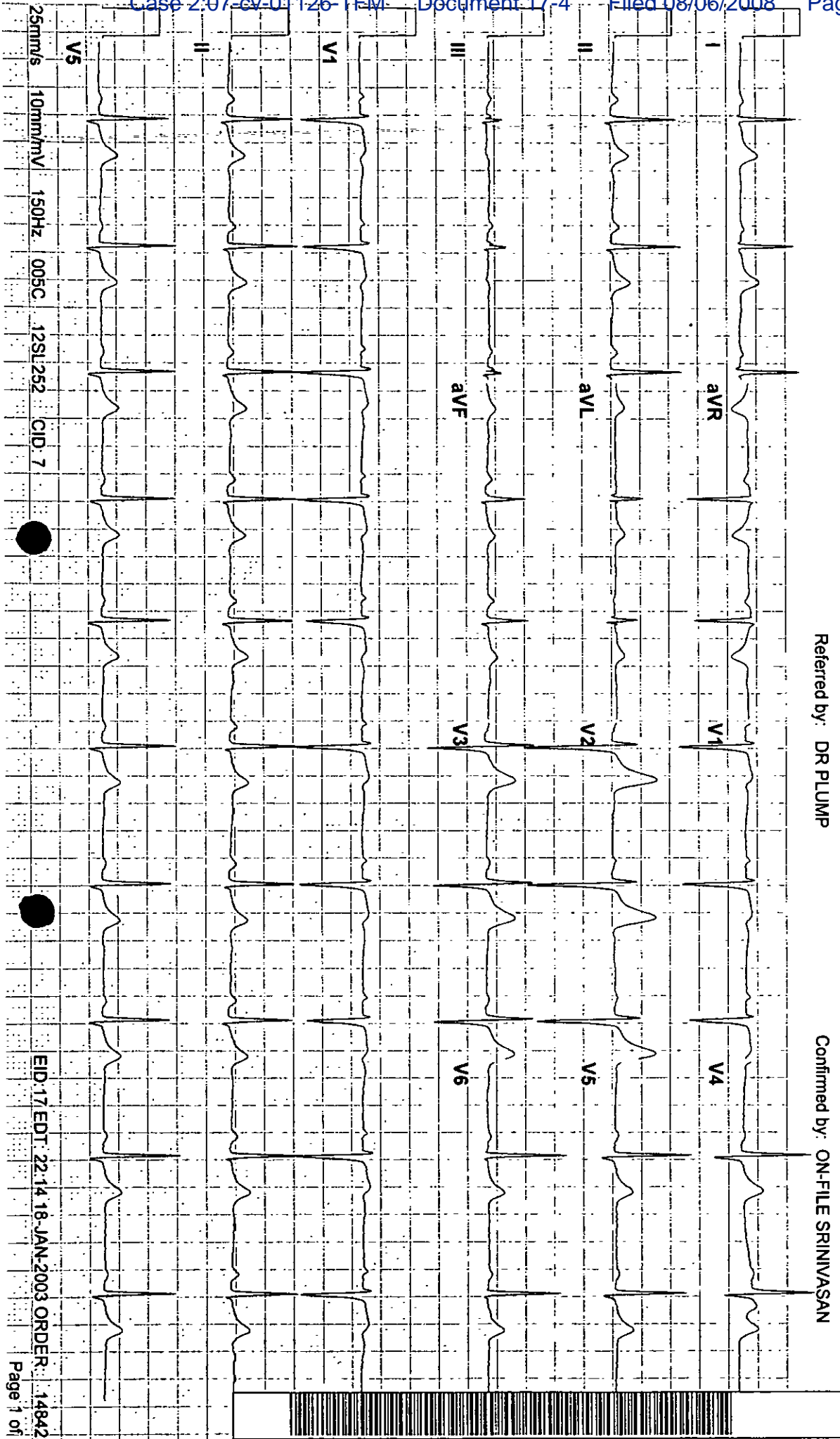
Normal sinus rhythm
Normal ECG
No previous ECGs available

413

Technician: MJH
Test Ind: V71.7

Referred by: DR PLUMP

Confirmed by: ON-FILE SRINIVASAN



Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:CHEST 2 VIEWS PA&LAT

Inst:TUSKEGEE VAMC
Case:3603

Phy:PLUMP, ADOLPHUS W
Ward/Clinic:ZZT-C&P PLUMP
DATE OF EXAM: OCT 23, 2001 15:08
DATE REPORTED: OCT 24, 2001
(RAD Detailed) CPT:71020

414

(Case 3603 COMPLETE) CHEST 2 VIEWS PA&LAT

Clinical History:

Report:

Impression:

Normal exam.

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/EBT

Name: WORKS, TYRON
SSN: 419-08-7667
DOB: 02-06-1972 Age: 32
Procedure: SPINE LUMBOSACRAL MIN 2 VIEW

Inst: TUSKEGEE VAMC
Case: 3604

Phy: PLUMP, ADOLPHUS W
Ward/Clinic: ZYT-C&P PLUMP
DATE OF EXAM: OCT 23, 2001 15:08
DATE REPORTED: OCT 24, 2001

415

(Case 3604 COMPLETE) SPINE LUMBOSACRAL MIN 2 VIEWS (RAD Detailed) CPT: 72100

Clinical History:

Report:

Impression:

Normal exam.

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/EBT

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:KNEE 2 VIEWS

Inst:TUSKEGEE VAMC
Case:3609

Phy:PLUMP, ADOLPHUS W
Ward/Clinic:ZZT-C&P PLUMP
DATE OF EXAM: OCT 23, 2001 15:08
DATE REPORTED: OCT 24, 2001
(RAD Detailed) CPT:73560

416

(Case 3609 COMPLETE) KNEE 2 VIEWS
Proc Modifiers : BILATERAL EXAM

Clinical History:
Report:
Impression:
Normal exam.

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:
ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/EBT

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:SHOULDER 2 OR MORE VIEWS

Inst:TUSKEGEE VAMC
Case:3623

Phy:PLUMP, ADOLPHUS W
Ward/Clinic:ZZT-C&P PLUMP
DATE OF EXAM: OCT 23, 2001 15:08
DATE REPORTED: OCT 24, 2001
(RAD Detailed) CPT:73030

417

(Case 3623 COMPLETE) SHOULDER 2 OR MORE VIEWS

Clinical History:

Report:

Impression:

Normal exam.

Primary Diagnostic Code:

NORMAL

Primary Interpreting Staff:

ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/EBT

Name:WORKS, TYRON
SSN:419-08-7667
DOB:02-06-1972 Age:32
Procedure:HAND 1 OR 2 VIEWS

Inst:TUSKEGEE VAMC
Case:3630

Phy:PLUMP, ADOLPHUS W
Ward/Clinic:ZZT-C&P PLUMP
DATE OF EXAM: OCT 23, 2001 15:08
DATE REPORTED: OCT 24, 2001
(RAD Detailed) CPT:73120

413

(Case 3630 COMPLETE) HAND 1 OR 2 VIEWS
Proc Modifiers : LEFT

Clinical History:
Report:
Impression:
Normal exam.

Primary Diagnostic Code:
NORMAL

Primary Interpreting Staff:
ERNEST B. TERRELL, M.D., DIAGNOSTIC RADIOLOGIST (Verifier)

/EBT

01/27/2005 09:59

***** CONFIDENTIAL AD HOC SUMMARY pg. 1 *****
WORKS, TYRON 419-08-7667 DOB: 02/06/1972

----- SP - Surgical Pathology (max 10 occurrences or 4 years) -----

419

Collected: 08/21/2003 Acc: SPMTG 03 1676
Surgeon/Physician: CHUNG, TAI Q
Specimen: right knee shavings
Brief Clinical Hx:
Internal derangement (R) knee.

Gross Description:

The specimen is received in a single container of formalin labeled with patient's name, social security number and designated as right knee shavings. The specimen consists of irregular fragments of yellow-white shavings measuring in aggregate 3.0 x 1.5 x 1.0 cm. The specimen was in a white sac. Representative sections are submitted in 1 block.

Microscopic Exam:

Sections show fibrofatty tissue and cartilage with degenerating changes, granulation tissue and synovial hyperplasia.

DIAG: Right knee, shavings: Degenerating changes, granulation tissue formation and focal synovial hyperplasia.

END ***** CONFIDENTIAL AD HOC SUMMARY pg. 1 *****

Baptist Medical Ctr.
WORKS, TYRON
435 LURENE CIR

419-08-7667 STATE OF ALABAMA (334)242-7226
(334)279-8671 4505 EXECUTIVE PARK
MONTGOMERY

MONTGOMERY - AL 36109 MONTGOMERY AL 36116 EMP FULL TIME

420

WORKS, TYRON 02/06/72 33Y STATE OF ALABAMA (334)242-7226
435 LURENE CIR 419-08-7667 4505 EXECUTIVE PARK

MONTGOMERY AL 36109 (334)279-8671 EMP FULL TIME
SELF MONTGOMERY AL 36116

WORKS, FERMIE
PO BOX 65

FITIZPATRICK AL 36029 (334)738-3975
MOTHER

BLUE CROSS OF ALABAMA WORKS, TYRON 1

PPA419087667 STATE OF ALABAMA 13000

(800)760-6852 3644V11

450 RIVERCHASE PKWY BIRMINGHAM AL 35298

721.7-TRAUMATIC SPONDYLOPATHY U

FAMILY DRIVEN RNL

709 PINCHBACK, WARNER L 709 PINCHBACK, WARNER L

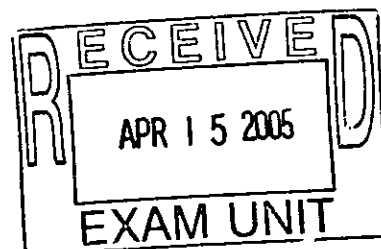
11 02/03/05

ELECTIVE 1

SUR

A09 09/21/04 YES
UNDERWOOD, III JEFFERSON

PRINTED BY: npurnell DATE 4/1/2005



ADM 2/8/05-2/12/05

S-F 2/



0503400604 WORKS, TYRON



Baptist Health
I/P AND O/P
ADMISSIONS AND FACESHEET

PATIENT NO 0503400604		DATE 02/08/05	TIME 1038A	SEX M	DOB/AGE 02/06/72 33Y	RA 2	MS D	TYPE IP	SER ORT	STATION ROOM/BED ORT 417/2	MED REC NO 574758
REL 1 PATIENT	NAME & ADDRESS WORKS, TYRON 435 LURENE CIR MONTGOMERY AL 36109			SSN 419-08-7667	PHONE (334)279-8671	EMPLOYER STATE OF ALABAMA 4505 EXECUTIVE PARK MONTGOMERY AL 36116			EMP PHS (334)242-7226		
				COUNTY MONTGOMERY				OCC EMP FULL TIME			
				DOB 02/06/72 33Y				EMP STAT EMP FULL TIME			
				AGE 419-08-7667				EMP ID (334)242-7226			
REL 2 GUARANTOR	NAME & ADDRESS WORKS, TYRON 435 LURENE CIR MONTGOMERY AL 36109			SSN 419-08-7667	PHONE (334)279-8671	EMPLOYER STATE OF ALABAMA 4505 EXECUTIVE PARK MONTGOMERY AL 36116			EMP PHS (334)242-7226		
				REL SELF				OCC EMP FULL TIME			
				DOB 02/06/72 33Y				EMP STAT EMP FULL TIME			
				AGE 419-08-7667				EMP ID (334)242-7226			
REL 3 RELATIVE	NAME & ADDRESS WORKS, FERMIE PO BOX 65 FITZPATRICK AL 36029			SSN (334)738-3975	PHONE MOTHER	EMPLOYER			EMP PHS		
				REL MOTHER				OCC EMP FULL TIME			
				DOB 02/06/72 33Y				EMP STAT EMP FULL TIME			
				AGE 419-08-7667				EMP ID (334)242-7226			
INS 1 INSURANCE CARRIER	NAME & ADDRESS			DOB 02/06/72 33Y	AGE 419-08-7667	EMPLOYER			EMP PHS		
				REL MOTHER				OCC EMP FULL TIME			
				DOB 02/06/72 33Y				EMP STAT EMP FULL TIME			
				AGE 419-08-7667				EMP ID (334)242-7226			
INS 2 INSURANCE CARRIER	INSURANCE CARRIER BLUE CROSS OF ALABAMA			INSURED NAME WORKS, TYRON			REL. TO INSURED 1				
	SUBSCRIBER ID# PPA419087667			GROUP NAME STATE OF ALABAMA			GROUP NUMBER 13000				
	GROUP PHONE# (800)760-6852			APPROVAL# 3644V11			CONTACT BIRMINGHAM			AL 35298	
	CONTACT ADDRESS 450 RIVERCHASE PKWY						CITY/STATE/ZIP BIRMINGHAM			AL 35298	
INS 3 INSURANCE CARRIER	INSURANCE CARRIER			INSURED NAME			REL. TO INSURED				
	SUBSCRIBER ID#			GROUP NAME			GROUP NUMBER				
	GROUP PHONE#			APPROVAL#			CONTACT				
	CONTACT ADDRESS						CITY/STATE/ZIP				
INS 4 INSURANCE CARRIER	INSURANCE CARRIER			INSURED NAME			REL. TO INSURED				
	SUBSCRIBER ID#			GROUP NAME			GROUP NUMBER				
	GROUP PHONE#			APPROVAL#			CONTACT				
	CONTACT ADDRESS						CITY/STATE/ZIP				
DIAG CODE 721.7-TRAUMATIC SPONDYLOPATHY	DIAG CODE 721.7-TRAUMATIC SPONDYLOPATHY			ALLERGIES			P			PT. CL.	
ARRIVAL MODE FAMILY DRIVEN	ACCIDENT TYPE			NATURE OF ACCIDENT			ACCIDENT DATE			TIME	
ADMITTING PHYSICIAN 709 PINCHBACK, WARNER L	ARRIVAL MODE FAMILY DRIVEN			REFERRING FACILITY			CHURCH/DENOMINATION RNL				
ATTENDING PHYSICIAN 709 PINCHBACK, WARNER L	ADMITTING PHYSICIAN 709 PINCHBACK, WARNER L			PRIMARY CARE PHYSICIAN UNDERWOOD, III JEFFERSON							
LOCATION	ATTENDING PHYSICIAN 709 PINCHBACK, WARNER L			REFERRING PHYSICIAN							
ADMISSION TYPE ELECTIVE	LOCATION			E/R PHYSICIAN							
ADMISSION TYPE ELECTIVE	ADMISSION TYPE ELECTIVE										

HHG
wt. 200#



FS 100

PRINTED BY: npucnell

DATE 4/1/2005

Last Printed: 02/08/2005 10:40:20

09/21/04

A09

2/12/05

ADVANCED ORTHOPEDIC



SURGICAL SPECIALISTS, P.C.
1329 Mulberry Street, Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

W.L. Pinchback, Jr., M.D., F.A.A.O.S.

422

0503400601

DATE: 2/07/05

NAME: Tyron Works

CHIEF COMPLAINT:
Lower back pain

HISTORY OF PRESENT ILLNESS:

This patient is a 32-year-old man seen again today in regard to evaluation of pain and discomfort in his lower back with pain occasionally radiating down the posterior aspect of his right lower limb to his foot. He said the back pain is constant. He is always in pain. He has not responded to previous conservative treatment of physical therapy or anti-inflammatory medication, muscle relaxers, or rest.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Diazepam and Protonix

ALLERGIES: Typhoid vaccine

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bill knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04.

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week.

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

EXAMINATION:

VITAL SIGNS: B/P - 125/76, Pulse - 90, Temperature - 96.6, Weight - 205.00 lbs, Height - 72 inches.

HEENT: Normocephalic without trauma. Eyes are clear. Sclera clear.

NECK: Supple

HEART: Normal sinus rhythm

ABD: Soft nontender

NEURO: Physiologic for age

VASC: Dorsalis pedis and posterior tibialis pulses are 3+ Radial and ulnar pulses are 3+

EXT: the patient has point tenderness in the area of the L5-S1 of his lumbar spine. He has a very positive rock-and-tilt test. He has increased tenderness on extension of his lower back and lateral bending to the right and straight leg raising is negative bilaterally but he has false positive straight leg raising at 45 degrees on the right. There is no appreciable muscle weakness or sensory deficit in either lower limb.

XRAYS:

I reviewed the MRI of his lumbar spine and it demonstrates marked desiccation of the L5-S1 disc with a small broad based disc herniation. There may be some contact with the S-1 nerve root.

ASSESSMENT (DIAGNOSIS):

Facet joint arthritis
Herniated lumbar disc

TREATMENT PLAN:

050340004

423

Patient: WORKS, TYRON MRNO: 27584 DOB: 02/06/1972 - Continued

I recommend a posterolateral lumbar arthrodesis with a possible lumbar interbody arthrodesis or hemilaminectomy. The complications and risks have been explained to the patient and that includes the possibility of developing an infection, blood clot, or neurovascular injury. The patient indicates that he understands. I advised him that the complications and risks are rare, but they can indeed occur. He was advised that we do obtain the bone graft from a separate fascia incision on the pelvis.

W.L. Pinchback, Jr., M.D.

Authenticated by
WARNER L. PINCHBACK JR, MD
On 3/01/05 3:37:52 AM



B0503400604 WORKS, TYRON
 DOB: 02/06/72 Age: 33Y MR #: 574758
 Admit Date/Time: 02/08/05 1036A
 709 PINCHBACK, WARNER L



Baptist
HEALTH

REPORT OF
CONSULTATION

424

DATE: 2/9/05 TIME: 11:00am PHYSICIAN TO BE CONSULTED: Dr. Underwood
 CONSULTED BY DOCTOR: Dr. Pinchback
 REASON FOR CONSULT: Medical Mang.
☐ PLEASE CONSULT ☒ PLEASE CONSULT AND FOLLOW PATIENT ☐ PLEASE CONSULT AND ASSUME CARE
 CONSULT CALLED TO: office BY: J. Pride DATE: 2/9 TIME: 11:00am

3340 BM seen post-op for
medical mgt. 90 low back.

Patient seen : examined

Legs - s/p surgery for Herniated lumbar Disc
 w/ HCV
 No paroxysmal A.F. is

Rec is remote by mch
 will follow Tank



CN 230

White-Medical Record

Yellow-Physician

FORM # CN 23001 Revised 7/7/04

PRINTED BY: npurnell

DATE 4/1/2005

OPPERCROSS
BAPTIST HEALTH
0709
WORKS, TYRON ""
B0503400604
B000574758

425

AGE: 32 YEARS

DATE OF SURGERY: 02/08/2005

PREOPERATIVE DIAGNOSIS: FACET JOINT ARTHRITIS, L5-S1 OF THE LUMBAR SPINE (CODE 721.7)

HERNIATED LUMBAR DISC, L5-S1 OF THE LUMBAR SPINE (CODE 722.73)

DEGENERATIVE SPONDYLOLISTHESIS, L5-S1 (CODE 721.91)

POSTOPERATIVE DIAGNOSIS: FACET JOINT ARTHRITIS, L5-S1 OF THE LUMBAR SPINE (CODE 721.7)

HERNIATED LUMBAR DISC, L5-S1 OF THE LUMBAR SPINE (CODE 722.73)

DEGENERATIVE SPONDYLOLISTHESIS, L5-S1 (CODE 721.91)

OPERATION: - POSTEROLATERAL LUMBAR ARTHRODESIS, L5-S1 (CODE 22612)
- DECOMPRESSIVE LUMBAR HEMI LAMINECTOMY, L5-S1 ON THE RIGHT (CODE 63030-51)
- SEGMENTAL PEDICLE SCREW FIXATION, L5-S1 (CODE 22842)
- HARVESTING OF RIGHT ILIAC BONE GRAFT THROUGH A SEPARATE FASCIAL INCISION (CODE 20937)

ANESTHESIA: GENERAL

ASSISTANT: DERRICK JOHNSON, SA

PROCEDURE: With this patient in the prone position, positioned on the Andrews spinal frame, his back was scrubbed and prepped with Betadine scrub-and-prep solution. He was then draped with sterile sheets, towels and plastic Vi-Drape. An image intensifier was used to localize the pedicle of L5 and S1 on the right and then an incision was made extending just proximal to the pedicle of L5 and distal to the pedicle of S1. The incision was carried through the skin and subcutaneous tissue, about 2-cm lateral to the spinous process. With blunt dissection, we palpated down between the fascia, divided the superficial lumbar fascia and then split the muscle fibers going down to the lamina of L5-S1 on the right. The lamina was cleared of soft tissue using electrocautery and Cobb elevators. A laminotomy was then performed using Kerrison rongeurs and the Midas-Rex drill. The ligamentum Flavum was then excised to expose the L5-S1 nerve root beneath. The S1 nerve root was teased to the midline in order to expose the herniated disc beneath. The posterior longitudinal ligament was incised and pituitary rongeurs were inserted to remove the herniated disc material. After being satisfied that an adequate amount of disc material had been removed, the wound was irrigated with normal saline and this wound was then closed by closing the deep fascia with interrupted #1 Ethibond suture. A second fascial incision was made lateral to the first over the transverse processes. Muscle fibers were split to expose the transverse process of L5 and S1 and the space between those transverse processes were developed. The _____ of the sacrum was identified and after achieving exposure and making sure that we had exposure, we then packed that wound with Ray-Tec sponges. We then decided to go ahead and get the bone graft. The bone graft was a subcutaneous bone graft through

(CONTINUED)

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DATE 4/1/2005

Case 2:07-cv-01126-TFM Document 17-4 Filed 08/06/2008 Page 79 of 250
a separate fascial incision. We therefore made a subcutaneous dissection over the posterior superior iliac spine and then incised the fascia to expose the rim of the ileum for the iliac crest. Then, we used a combination of Cobb retractors and electrocautery to expose the outer table of the posterior aspect of the pelvis. The window was taken from the outer table of cortical cancellous bone and cancellous bone chips were also obtained using gouges. After being satisfied that we had an adequate amount of bone graft material, we irrigated the wound copiously with normal saline and then packed Gelfoam around the exposed bone areas and then removed the excessive bone wax with a curet. We then irrigated again and then inserted a large flat Jackson-Pratt drain beneath the fascia. The fascia was closed with interrupted #1 Ethibond

suture. We then reopened the paraspinous wound and placed retractors so that we could identify the transverse processes in the _____ of the sacrum. We then used a bone awl, placed an opening in the pedicle of L5-S1 and then inserted the reamers for the EBI spinal link-II system. We determined that we would need a 45 mm x 6.5 mm screw for the L5 pedicle and a 45 mm x 6.5 mm screw in the sacrum. After inserting those screws, we then decorticated the transverse processes and the lateral trough and packed bone graft in. Then, we assembled the spinal link system on the right. The wound was then irrigated with normal saline and the deep fascia was closed interrupted #1 Ethibond suture. The subcutaneous tissue was closed with interrupted #1 Vicryl suture. The skin was closed with interrupted stainless steel staples. For the second wound, we then made a similar incision on the left side of the paraspinous fascia, slightly more lateral. We then carried that incision through the skin and subcutaneous tissue down to the fascia. The fascia was divided in line with the incision and the muscle fibers of the paraspinous musculature were divided. The transverse process of L5 and the _____ of the sacrum were cleared of soft tissue using electrocautery. The awl was used to locate the pedicles of L5-S1. Then, both levels were reamed and we determined that we needed a 45 mm x 6.5 mm screw proximally at L5 and a 40 mm screw x 6.5 mm screw at the sacrum. We then assembled the spinal link system after decorticating and packing graft over the transverse processes. The wound was irrigated with normal saline. The fascia was closed with interrupted #1 Ethibond suture. Bleeding was minimal and controlled with electrocauterization. The subcutaneous tissue was closed with interrupted #1 Vicryl suture. The skin was closed with interrupted stainless steel staples. The patient's estimated blood loss was about 300 cc. He tolerated the procedures well. There are no expected postoperative complications. The wounds were dressed with Bacitracin ointment, Adaptic and compressive dressings. The patient tolerated the procedures well. He returned to the Recovery Room in satisfactory condition.

WARNER L. PINCHBACK, M.D.

D: 02/08/2005

T: 02/10/2005

mn

Authenticated by WARNER L. PINCHBACK JR, MD On 3/01/05 9:37:56 AM

PRINTED BY: npurnell

DATE 4/1/2005



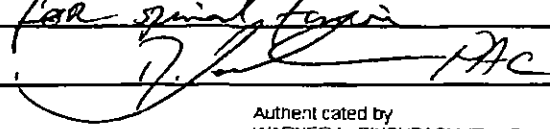
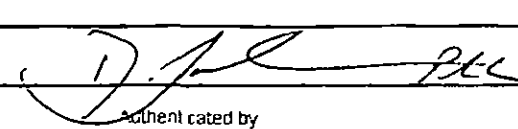
B0503400604 WORKS, TYRON
 DOB: 02/06/72 Age: 32Y MR #: 574758
 Admit Date/Time: 02/03/05 1506P
 709 PINCHBACK, WARNER L



Baptist
 HEALTH

PROGRESS RECORD

427

Date	Time	Description
2-8-05		Admit Note This is a 32 yo male who presents with lower back pain & pain radiating down RLE. Pain present for several mos. He has not responded to previous conservative treatment. MRI shows herniated lumbar disc L5/S1 on the R. Also shows some hypertrophy of facet joint. Pt therefore admitted for spinal fusion.  Authenticated by WARNER L. PINCHBACK JR. MD On 3/01/05 9 38:35 AM
2-9-05		Ortho Pt seen. c/o nausea & vomiting Afebrile Hx pending Ext distal pulses 3+ & strength RLE Sensation intact to RLE Wound - bandage in place. Mild tenderness to palpation A/P. Tylenol 200mg IV/IM for nausea PT. to ambulation this am Hx pending  Authenticated by WARNER L. PINCHBACK JR. MD On 3/01/05 9 38:32 AM

PN 30001 Revised 8/03



PN 300

PRINTED BY: npurnell

DATE 4/1/2005



B0503400604 WORKS, TYRON
DOB: 02/06/72 Age: 33Y MR #: 574758
Admit Date/Time: 02/03/05 1506P
709 PINCHBACK, WARNER L



428

POSTOPERATIVE PROGRESS RECORD

Date	Time		
2-08-05		Surgeon: <i>Pinchback</i>	Assistant: <i>D. J. [Signature]</i>
		Preop Dx: <i>Herniated lumbar disc L5/S1 Facet joint arthralgia</i>	
		Postop Dx: <i>Same</i>	
		Procedure: <i>Post. Internal lumbar arthrodesis using pedicle screws fixation L5/S1 Decomp laminectomy L5/S1 Harvesting of iliac bone graft</i>	
		Findings:	
		Specimen:	
		EBL: <i>300cc</i>	
		M.D. Signature: <i>[Signature]</i>	

Authenticated by
WARNER L. PINCHBACK, JR., MD
On 3/01/05 9:38:30 AM

Form # PN 30009 Revised 8/03

PRINTED BY: *npurnell*

DATE 4/1/2005



0503400604

WORKS, TYRON



Baptist Health

PROGRESS RECORD

429

Date	Time	Description
02/09/05	1030	Care Mgt: Referral called to a medivac Ht to follow @ P/C. Referral faxed & called to medical place for walker, KSE, & free-standing trapeze bar/frame. They will arrange delivery to pt. B. H. Miller
2/9/05		medical consult attempt. will follow. Miller
2/10/05		pt. is comfortable. He is moved to. He only has trouble with ped. Ated. to Hb 11.75 Physical therapy is in progress
2/10/05		seen for pt. no SOB on 4/2 1/5 stable BP's noted can walk by chair got a glass recent visit 1/7 stable. More when ok i ortho. will follow & needs. Miller



PN 300

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PN#30001

ORR



WORKS, TYRON

Baptist Health

PROGRESS RECORD

430



B0503400604 WORKS, TYRON
 DOB: 02/06/72 Age: 33Y MR #: 574758
 Admit Date/Time: 02/03/05 1506P
 709 PINCHBACK, WARNER L

Date	Time	Description
2-11-05		Ortho
		Pt seen feeling better this am
		Afebrile ^{Hx} 118 _H 32
		Ext distal pulses 3+ ↑ strength @ LE
		Thigh & calf soft nontender. Sensation intact
		Wound looks good & minimal drainage
		Abd. slightly distended @ BM
		A/P - Hx stable this am
		DD Magnecut ^{DD Magnecut} supp for BM
		Change diag this am
		Continue PT this am
		<i>(Signature)</i>
2/11/05		After bathroom. V/S noted: stable. Will see if recd in future. Thx
2/12/05		Pt is now feeling better Afebrile Wound looks good. He is ambulating & res is fine. I will discharge today and will see in my office in 2-3 weeks. Skelving, V. Cohen, K. Pappas

Authenticated by
 WARNER L. PINCHBACK JR, MD
 On 2/11/05 6:36:26 AM



PN 300

PRINTED BY: upurnell

DATE 4/1/2005

Last Printed: 02/08/2005 10:40:20

PN#30001

A09



BO503400604 WORKS, TYRON
DOB: 02/06/72 Age: 33Y MR #: 574758
Admit Date/Time: 02/08/05 1036A
709 PINCHBACK, WARNER L



**PHYSICAL/OCCUPATIONAL/
SPEECH THERAPY 431
PROGRESS NOTES**

Date	
2-10-05	O: Pt amb RW, 250 ft, SBA/CGA X1 - Min 10 transfers to bed Same AM & PM A: Tol OK P: Cont. R Edwards PT
2-11-05	O: Pt amb 250 ft, SBA/CGA X1, RW. PM Refused A: Tol OK P: Cont. R Edwards PT
02/12/05	AM Notes min 10 of 1 log roll transfers, Ambulated x 250 ft. min 10 of 1 = RW. slow gait. Returned to chair. PM Notes min 10 of 1 log roll technique for bed mobility & transfers, Pt to ambulate 5 PM per Dr Pinchback. Ambulated x 250 ft. mod HHA of 2 working on balance; mod for balance, gait very stiff & slow, returned to chair, Pt is, rather presents Tol well although all movements slow Cont as tolerated. L D.C. Jelliff PT



PRINTED BY: apurnell

DATE 4/1/2005

FORM - PT 6500: Revised 3/60:

Patient Name: WORKS, TYRON

Patient L Baptist South B-Orthology 417 2

DOB: 02/06/1972

SEX: Male

ADMIT DT/TM: 02/08/2005 10:36

MRN: R000574758

FIN #: B0503400604

ADMITTING DR: Pinchback, Warner L., MD

ATTENDING DR: Pinchback, Warner L., MD

REFERRING DR:

VISIT REASON: TRAUMATIC SPONDYLOPATHY

LANGUAGE: English

ALLERGIES: typhoid vaccine

432

Orderable Name: Physical Therapy Consult

Order ID: 47157220



B0503400604

WORKS, TYRON

DOB: 02/08/72

Age: 33Y

MR #: 574758

Admit Date/Time: 02/08/05

1036A

709 PINCHBACK, WARNER L

Priority: Routine

Requested Start Date/Time: 02/08/05 23:35:00

Reason for Consult: POST LUMBAR ORTRODESIS LS-5 DECOMPRESSION

Special Instructions: P.T. START TOMORROW AMBULATE PATIENT W/ ASSISTANCE (NEW POST-OP)

Ordering Physician: Pinchback, Warner L., MD

Order Location: B-Orth/Urology

Ordered By: Mabson, Lillie

Print Date/Time: 02/08/05 23:38

2-9-05 S: 33yr old ♂ c pain of LB. Conservative treatment failed. PMH of HTN, alcohol use, A fib, reflux, asthma, ~~reflex~~ ^{RE}. Pthad surgery 2-8-05 for lumbar arthrodesis & decompression. PT order to amb. O: Pt is alert, oriented & able to follow instructions. MOD @ x 2 to stand c RW & work on balance act; fair balance. Pt amb 250 ft, RW, min @. Min @ to transfer pt to bed. @ PM: MOD @ to stand pt c RW. Pt amb RW, 250 ft c min @. Min @ to transfer pt to bed.

A: JOP OK

PAIN: No mo spasms

PRECAUTIONS / CONTRAINDICATIONS:

P: TREATMENT GOALS - GOALS MET

TREATMENT PLAN

Amb c RW, CGA - B 3 to 5 days

Amb c RW
transfer

PATIENT / FAMILY GOALS:

Go home

HOME PROGRAM:

REASSESSMENT DATE: 2-14-05

REHAB POTENTIAL: Fair

Montgomery, Alabama

Rhonda Edwards PT

THERAPIST'S SIGNATURE

BMC #14000

PRINTED BY: journal1

BAPTIST MEDICAL CENTER

DATE: 4/1/2005
PHYSICAL/OCCUPATIONAL THERAPY/SPEECH



Baptist Medical Center

 2105 East South Boulevard
 PO Box 11010
 Montgomery, AL 36117-0810
 Tel.: 334-286-2893

Physical Therapy Discharge Summary

Patient Name: WORKS, TYRON Patient # 503400604
 Medical Record # 574758 Physician: Pinchback Date: 2-14-05
 Patient received therapy from: 2-9-05 to: 2-12-05 Total visits: 7
 Diagnosis: Spondylopathy
 Treatment received: gait training to RW

GAIT:

Independent with/without assistive device

250' DistanceRequires MIN MOD MAX CG SBA assist ofWith Cane Crutch Walker Rolling
 Balance: Good Fair Poor _____ Proper Gait
 Technique
TRANSFERS:
 _____ Independently
 _____ Minimal assistance
 _____ Moderate assistance
 _____ Maximal assistance
PAIN PATTERN:
 _____ No change _____ % Decrease
 _____ Total Relief
EXERCISES:

_____ Demonstrates knowledge of exercise program

_____ Back/Neck care instructions given

_____ Given Home Exercises Program

_____ Instructed in proper Body Mechanics

Exercise program consisted of: _____

ROM: _____ Increased

_____ Decreased

_____ No change

STRENGTH: _____ Increased

_____ Decreased

_____ No change

INITIAL OR ALTERED GOALS WERE:
☒ Obtained _____ Not obtained due to:
 _____ Insufficient treatment time
 _____ Treatment not effective
 _____ Severity of dysfunction
 _____ Discontinued by physician
 _____ Discontinued by patient
 _____ Other
DISCHARGE PLAN:
 _____ Received maximum benefit from Rx
 _____ Home Health recommended
 _____ No further therapy ordered
☒ Home
 _____ Nursing Home
 _____ Other
WOUNDS:Granulated - ☐ Good ☐ Fair ☐ Poor ☐ NoneSize of wound - ☐ Decreasing ☐ No change ☐ IncreasingDrainage - ☐ None ☐ Minimum ☐ Moderate Type: ☐ yellow ☐ green ☐ brown ☐ red☐ Patient demonstrates knowledge of dressing techniques**COMMENTS:**

PRINTED BY: npurnell

DATE: 2/11/2006

Signature: Shonda Edwards PT

434

Flowsheet Print Request

Patient: WORKS, TYRON

MRN: B000574758

Date Range: 10/15/2004 14:06 - 2/20/2005 14:06

Printed by: Washington, Lashunda L

Printed on: 4/6/2005 14:12

Event Date	Event	Result	Ref. Range	Status
2/4/2005 11:45	WBC	5.8 Thou/mL	(4.1 - 10.3)	
	RBC	5.22 Mill/mL	(4.69 - 6.13)	
	Hemoglobin	14.6 gm/dl	(11.3 - 15.3)	
	Hematocrit	42.7 %	(40.0 - 51.0)	
	MCV	82 FL	(81 - 100)	
	MCH	28 pg	(27 - 31)	
	MCHC	34 gm/dl	(32 - 35)	
	Platelet Count	224 Thou/mL	(140 - 400)	
	RDW	13.5 %	(11.5 - 14.5)	
	Neutro Auto	57 %	(40 - 75)	
	Lymph Auto	29 %	(20 - 53)	
	Mono Auto	9 %	(0 - 12)	
	Eos Auto	4 %	(0 - 8)	
	Basophil Auto	1 %	(0 - 2)	
	Neutro Abs	3.3 #	(1.4 - 6.5)	
	Lymph Abs	1.7 #	(1.0 - 4.8)	
	Mono Abs	0.5 #	(0.1 - 0.6)	
	Eos Abs	0.3 #	(0.0 - 0.7)	
	Basophil Abs	0.1 #	(0.0 - 0.2)	
	Sodium	140 mmol	(135 - 145)	
	Potassium	4.3 mmol	(3.5 - 5.0)	
	Chloride	105 mmol	(97 - 112)	
	CO2	27 mmol	(22 - 32)	
	PT	11.5 Sec	(10.5 - 13.5)	
	INR	0.93 Sec	(0.92 - 1.38)	
	ABO RH	A POS		
	Antibody Screen Gel	NEG		
	Blood Status	XM		
	BB Unit Number	71N51788		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	A POS		
	BB XM Interpretation	NEG		
	BB Unit Source	MCBB		
	Blood Status	XM		
	BB Unit Number	71N95937		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	A POS		
	BB XM Interpretation	NEG		
	BB Unit Source	MCBB		
	Blood Status	XM		
	BB Unit Number	71N95927		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	A POS		

435

Flowsheet Print Request

Patient WORKS, TYRON
MRN: B000574758

Date Range: 10/15/2004 14:06 - 2/20/2005 14:06

Printed by: Washington, Lashunda L
Printed on: 4/6/2005 14:12

Event Date	Event	Result	Ref. Range	Status
	BB XM Interpretation	NEG		
	BB Unit Source	MCBB		
	Blood Status	XM		
	BB Unit Number	71N95917		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	A POS		
	BB XM Interpretation	NEG		
	BB Unit Source	MCBB		
	Blood Status	RELEASE		
	BB Unit Number	71N51788		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	*NOT VALUED*		
	BB XM Interpretation	*NOT VALUED*		
	BB Unit Source	MCBB		
	Blood Status	RELEASE		
	BB Unit Number	71N95917		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	*NOT VALUED*		
	BB XM Interpretation	*NOT VALUED*		
	BB Unit Source	MCBB		
	Blood Status	RELEASE		
	BB Unit Number	71N95927		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	*NOT VALUED*		
	BB XM Interpretation	*NOT VALUED*		
	BB Unit Source	MCBB		
	Blood Status	RELEASE		
	BB Unit Number	71N95937		
	BB Component	RBCS		
	BB Pool Number	*NOT VALUED*		
	BB Pool Type	*NOT VALUED*		
	BB Unit ABORH	*NOT VALUED*		
	BB XM Interpretation	*NOT VALUED*		
	BB Unit Source	MCBB		
2/8/2005 19:19	Hemoglobin	12.9 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 37.0 %	(40.0 - 51.0)	
	Sodium	138 mmol	(135 - 145)	
	Potassium	3.8 mmol	(3.5 - 5.0)	
	Chloride	107 mmol	(97 - 112)	
	CO2	24 mmol	(22 - 32)	
2/8/2005 22:48	Hemoglobin	12.3 gm/dl	(11.3 - 15.3)	

436

Flowsheet Print Request

Patient: WORKS, TYRON

MRN: B000574758

Date Range: 10/15/2004 14:06 - 2/20/2005 14:06

Printed by: Washington, Lashunda L

Printed on: 4/6/2005 14:12

Event Date	Event	Result	Ref. Range	Status
	Hematocrit	L 36.2 %	(40.0 - 51.0)	
2/9/2005 08:33	Hemoglobin	12.2 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 35.2 %	(40.0 - 51.0)	
2/9/2005 21:25	Hemoglobin	11.6 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 34.2 %	(40.0 - 51.0)	
2/10/2005 04:47	Hemoglobin	11.7 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 33.8 %	(40.0 - 51.0)	
2/10/2005 21:02	Hemoglobin	11.3 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 33.0 %	(40.0 - 51.0)	
2/11/2005 04:25	Hemoglobin	L 11.2 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 32.9 %	(40.0 - 51.0)	
2/11/2005 22:39	Hemoglobin	L 11.1 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 32.4 %	(40.0 - 51.0)	
2/12/2005 04:00	Hemoglobin	L 11.1 gm/dl	(11.3 - 15.3)	
	Hematocrit	L 33.0 %	(40.0 - 51.0)	

DX Fluoroscopy 1 Hour/Greater

WORKS, TYRON - B000574758

Result type: DX Fluoroscopy 1 Hour/Greater
Result date: Tuesday, February 08, 2005 22:20
Result status: Auth (Verified)
Performed by: Riner, Gary W on Tuesday, February 08, 2005 22:20
Encounter info: B0503400604, BAPTISTSOUTH, Inpatient, 2/8/2005 - 2/12/2005

437

*** Final Report ***

Reason For Exam
surgery

Completed Action List:

* Perform by Riner, Gary W on 2/8/2005 22:20

Printed by: Washington, Lashunda L
Printed on: 4/6/2005 14:12

Page 1 of 1
(End of Report)

DX Lumbar Spine 1 View

WORKS, TYRON - B000574758

Result type: DX Lumbar Spine 1 View
Result date: Tuesday, February 08, 2005 22:20
Result status: Auth (Verified)
Performed by: Riner, Gary W on Tuesday, February 08, 2005 22:20
Verified by: Sneckenberger, Christopher J, M.D. on Wednesday, February 09, 2005 07:45
Encounter info: B0503400604, BAPTISTSOUTH, Inpatient, 2/8/2005 - 2/12/2005

438

*** Final Report ***

Reason For Exam
surgery

FINDINGS
LUMBAR SPINE:

Single lateral intraoperative view demonstrates transpedicular screw fixation of L5 to S1.

Signature Line

ELECTRONICALLY SIGNED BY: Sneckenberger, Christopher J, M.D

TECHNOLOGIST: GWR
TRANSCRIBED DATE AND TIME: 02/08/2005 22:29
TRANSCRIPTIONIST: MEF

Completed Action List:

- * Perform by Riner, Gary W on 2/8/2005 22:20
- * Order by Pinchback, Warner L., MD on 2/8/2005 22:16
- * VERIFY by Sneckenberger, Christopher J, M.D. on 2/9/2005 07:45

Printed by: Washington, Lashunda L
Printed on: 4/6/2005 14:12

Page 1 of 1
(End of Report)

WORKS, TYRON

ID: 000574758

4-Feb-2005 13:06:44

BAPTIST MEDICAL CENTER

32 years
Male
Black
Room:
Loc: 6

439
Vent. rate 67 bpm
PR interval 158 ms
QRS duration 84 ms
QT/QTc 388/410 ms
P-R-T axes 65 70 19

Technician: 14011

Normal sinus rhythm with sinus arrhythmia
Normal ECG

Referred by: PINCHBACK, WARNER

Unconfirmed

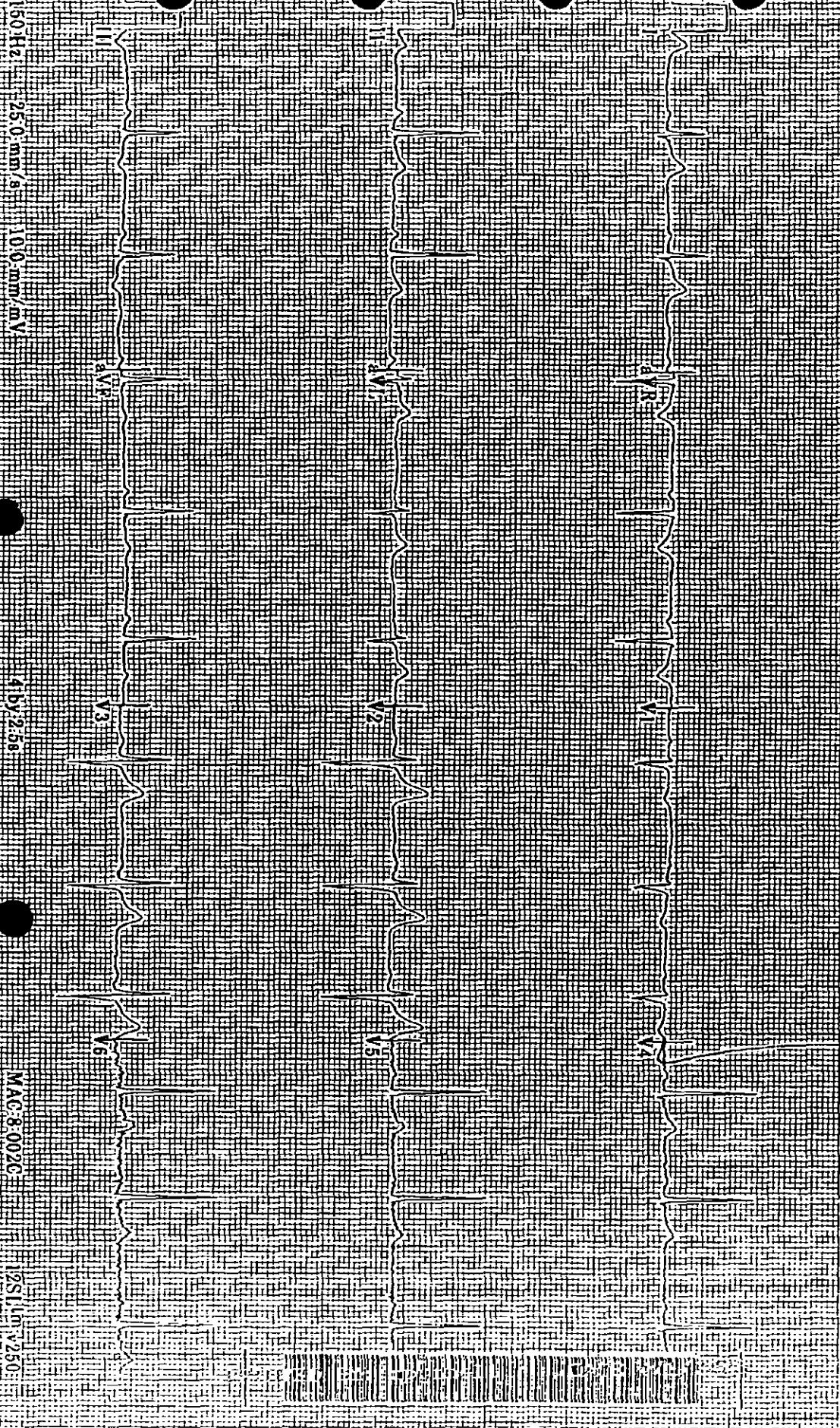
50 Hz 25.0 mm/s 10.0 mm/mV

4b12:58

MAC:8:0020

12SL:unv250

WENDALL MEDICAL



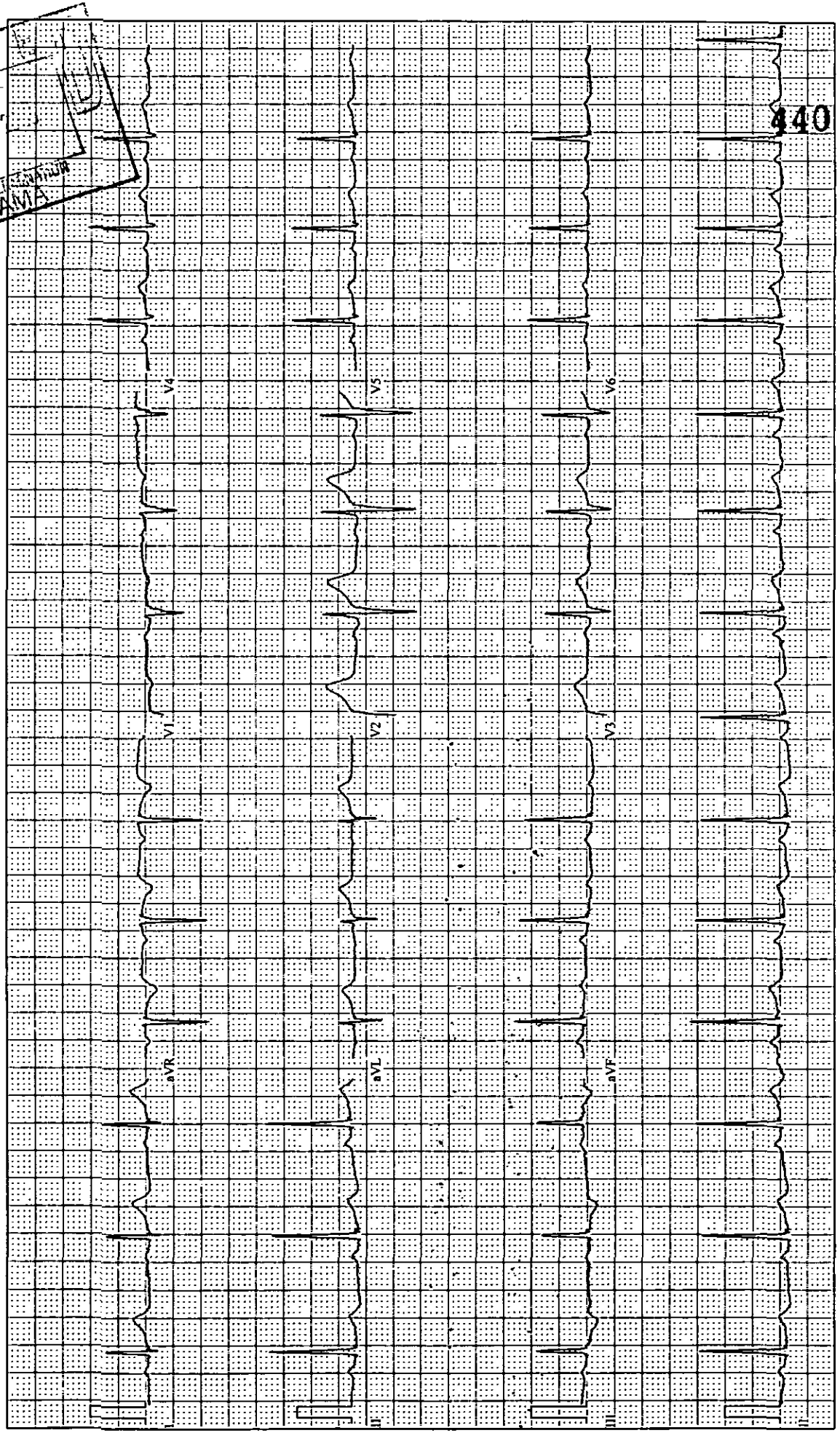
RECEIVED
FEB 11
DISABILITY DET. DIVISION
ALABAMA

Interpretation:
Sinus Rhythm
P-QRS - 1:1, Normal P axis, II Rate 82
WITHIN NORMAL LIMITS

Rate: 82 BPM
PR: 154 msec
QT/QTc: 366/405 msec
QRSD: 84 msec
P Axis: 59
QRS Axis: 62
T Axis: 15

Montgomery Cardiovascular Associates, P.C.
Req. Physician: ARELLANO M. [Arellano]
Technician: Lee, Kerri
History:
Medication:
Date of Report: 11/16/04 15:08:08
Reviewed By: [Arellano]
Review Date: 11/16/04 15:08:17

✓
Name: TYRON WORKS
ID: 98329-0037001
Sex: Male
BP: 205.0 lbs
Weight: 205.0 lbs
Height: 72 inches
Age: 32 Years
Comments:



~~BS~~ Sales 97

441

MEDICAL RECORDS FOR:

TYRON WORKS

DOB: 02/06/1972

SSN: 419-08-7667

12/6/04 - 2/28/05

FEB - 8 2005
6-F 24

442

Reprinted from Electronic Medical Record - Created on 02/28/05 09:29:41
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

Tyron Works
MR#: 027584
02/28/05

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

This patient is in today and doing very well. He is three weeks' post-posterolateral lumbar arthrodesis.

MEDICATIONS HISTORY:

Current medications prescribed to the patient are:

1. DARVOCET N-100, 1 OR 2 Q 4 HRS PRN PAIN

Patient is also taking Aspirin 81 mg, Cardizem, Protonix and vicodin

ALLERGIES: Typhoid vaccine

EXAMINATION:

VITAL SIGNS: B/P - 113/72, Pulse - 83, Temperature - 97.9, Weight - 205.00 lbs, Height - 72 inches.

On examination he has minimal complaints of discomfort in his lower back. He is not feeling the pain that he felt prior to surgery. He was encouraged to walk as much as he can.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Status Post Surgery
2. Disc, Lumbar, 722.10, Not Treated
3. Intervertebral Disc Disorder With Myelopathy Lumbar Region, 722.73, Status Post Surgery
4. Pain, Lumbar, 724.2, Improving

TREATMENT PLAN:

He was also advised that he can drive a little. He is to return for followup evaluation in the office in six weeks. At that time, repeat AP and lateral x-rays will be done of his lumbar spine.

REFERRAL: □□□

FOLLOWUP: Return visit in 6 to 8 weeks repeat xrays of lumbar spine.

W. J. Pinchback, Jr., M.D.

WJP/jwa

443

 Reprinted from Electronic Medical Record - Created on 01/12/05 16:12:24
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

Tyron Works
 MR#: 027584
 01/12/05

CC: Dr. Jefferson Underwood, III

CHIEF COMPLAINT:

1. Followup of L-spine post MRI

HISTORY OF PRESENT ILLNESS:

This patient is a 32-year-old man seen again today in regard to evaluation of pain and discomfort in his lower back with pain occasionally radiating down the posterior aspect of his right lower limb to his foot. He said the back pain is constant. He is always in pain. He has not responded to previous conservative treatment of physical therapy or anti-inflammatory medication, muscle relaxers, or rest. He is in today following the MRI of his lumbar spine.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Diazepam and Protonix

ALLERGIES: Typhoid vaccine

GENERAL - weakness

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - decreased range of motion

RESPIRATORY - shortness of breath

CARDIOVASCULAR - chest discomfort (heaviness), chest discomfort (pressure), chest pain (dull), chest pain (sharp) and irregular heartbeat

GASTROINTESTINAL - diarrhea, heartburn, nausea and vomiting

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urind, STDs, or hesitancy

MUSCULOSKELETAL - back pain, decreased range of motion, difficulty in walking, joint pain, muscle pain and old injury

NEUROLOGICAL - dizziness, headache(s), light headness, loss of balance, numbness, paralysis, tingling sensations and weakness

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04.

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week.

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension

Patient: WORKS, TYRON MRNO: 27584 DOB: 02/06/1972 - Continued

444

7. TB

EXAMINATION:

VITAL SIGNS: B/P - 125/76, Pulse - 90, Temperature - 96.6, Weight - 205.00 lbs, Height - 72 inches.

On examination today, the patient continues to have point tenderness in the area of the L5-S1 of his lumbar spine. He has a very positive rock-and-tilt test. He has increased tenderness on extension of his lower back and lateral bending to the right and straight leg raising is negative bilaterally but he has false positive straight leg raising at 45 degrees on the right. There is no appreciable muscle weakness or sensory deficit in either lower limb.

BACK - RANGE OF MOTION:

Flexion : 10 degrees
 Extension: 5 degrees
 Lateral Bend: bilaterally 10 degrees
 Rotation: bilaterally 30 degrees

NECK - RANGE OF MOTION:

Flexion: 50 degrees
 Extension: 40 degrees
 Side Bending: bilaterally 20 degrees
 Neck Rotation: bilaterally 40 degrees

XRAYS:

I reviewed the MRI of his lumbar spine and it demonstrates marked desiccation of the L5-S1 disc with a small broad based disc herniation. There may be some contact with the S-1 nerve root.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Unchanged
2. Disc, Lumbar, 722.10, New
3. Pain, Lumbar, 724.2, Unchanged

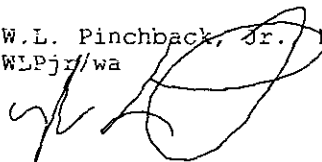
TREATMENT PLAN:

I feel this patient's symptoms are such that he would probably benefit from a posterolateral lumbar arthrodesis with a possible lumbar interbody arthrodesis or hemilaminectomy. The complications and risks have been explained to the patient and that includes the possibility of developing an infection, blood clot, or neurovascular injury. The patient indicates that he understands. I advised him that the complications and risks are rare, but they can indeed occur. He was advised that we do obtain the bone graft from a separate fascia incision on the pelvis. The patient has decided to schedule his surgery for 02/08/05 at Baptist South.

PROCEDURES ORDERED: Spinal fusion

FOLLOWUP: After surgery 2/08/05.

W.L. Pinchback, Jr. M.D.
 WLPjr/wa



445

 Reprinted from Electronic Medical Record - Created on 01/10/05 10:39:04
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

Tryon Works
 MR#: 027584
 01/10/05

CHIEF COMPLAINT:

1. Followup of L-spine post PT

HISTORY OF PRESENT ILLNESS

This 32-year-old man was seen to today in regard to evaluation of pain and discomfort in his lower back with pain radiating down his right lower limb into the anterior aspect of his right hip. He has been experiencing this pain intermittently for several months and it is becoming progressively worse. He has not responded to his physical therapy program and we therefore will probably discontinue his physical therapy.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Diazepam and Protonix

ALLERGIES: Typhoid vaccine

GENERAL - weakness

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - decreased range of motion

RESPIRATORY - shortness of breath

CARDIOVASCULAR - chest discomfort (heaviness), chest discomfort (pressure), chest pain (dull), chest pain (sharp) and irregular heartbeat

GASTROINTESTINAL - diarrhea, heartburn, nausea and vomiting

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urine, STDs, or hesitancy

MUSCULOSKELETAL - back pain, decreased range of motion, difficulty in walking, joint pain, muscle pain and old injury

NEUROLOGICAL - dizziness, headache(s), light headedness, loss of balance, numbness, paralysis, tingling sensations and weakness

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04.

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week.

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

Patient: WORKS, TYRON MRNO: 27584 DOB: 02/06/1972 - Continued

EXAMINATION:

VITAL SIGNS: B/P - 132/76, Pulse - 75, Temperature - 96.6, Weight - 205.00 lbs, Height - 72 inches. **446**

On examination today, he ambulates with very guarded movements. He has marked paravertebral muscles spasms in the right side of his lower back extending along the entire length of the lumbar vertebra. He has marked point tenderness in the area of the L4-5 and L5-S1. Straight leg raising is negative bilaterally but he has false positive straight leg raising on the right at about 45 degrees. His deep tendon reflexes are all 3+. I could detect no appreciable muscle weakness or sensory deficit in either lower limb. He did have a slight amount of tenderness over the anterior aspect of the right hip joint.

XRAYS:

X-rays of the lumbar spine were reviewed along with his old MRI and they show some narrowing of the L5-S1 disc space but no evidence of a significant disc herniation.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Unchanged
2. Pain, Lumbar, 724.2, Unchanged

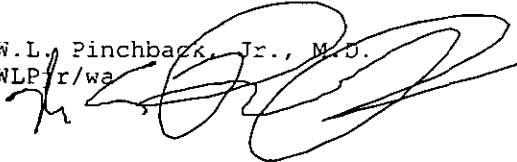
TREATMENT PLAN:

I would like to obtain a repeat MRI of his lumbar spine to see if there have been some further degenerative changes within the disc. We will have him return for followup evaluation following the MRI.

DIAGNOSTIC TESTS: MRI Lumbar Spine

FOLLOWUP: After MRI- lumbar spine.

W.L. Pinchback, Jr., M.D.
WLP/r/wa



447

 Reprinted from Electronic Medical Record - Created on 12/06/04 15:29:03
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

Tyron Works
 MR#: 027584
 12/06/04

CONSULTED BY: Dr. Jefferson Underwood, III

CHIEF COMPLAINT:

1. Lumbar pain, military injury 1997

HISTORY OF PRESENT ILLNESS:

This patient is a 32-year-old young man seen today in regard to evaluation of pain and discomfort in his lower back. This patient has no history of recent trauma but he said that he was just walking through his door and the severe pain hit him in his lower back and he had to go straight to the floor. The pain did not radiate down into his leg but he had some numbness and tingling down into his legs.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Diazepam, Hydrocodone/APAP 650 mg and Protonix.

ALLERGIES: Typhoid vaccine

GENERAL - weakness

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - nasal congestion and chronic sinus problem

MOUTH - Denies sore throat, or canker sores, dentures

NECK - decreased range of motion

RESPIRATORY - shortness of breath

CARDIOVASCULAR - chest discomfort (heaviness), chest discomfort (pressure), chest pain (sharp), chest pain (dull) and irregular heartbeat

GASTROINTESTINAL - diarrhea, nausea, vomiting and heartburn

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urind, STDs, or hesitancy

MUSCULOSKELETAL - back pain, joint pain, muscle pain, difficulty in walking, decreased range of motion and old injury

NEUROLOGICAL - headache(s), numbness, tingling sensations, weakness, paralysis, light headness, dizziness and loss of balance

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04.

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week.

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia

Patient: WORKS, TYRON MRNO: 27584 DOB: 02/06/1972 - Continued

448

- 6. Hypertension
- 7. TB

EXAMINATION:

VITAL SIGNS: B/P - 137/84, Pulse - 86, Temperature - 96.9, Weight - 208.00 lbs, Height - 72 inches.

On physical examination, this patient ambulates with severe guarded movements. He has a slight lurch. He flexes his lumbar spine about 40 degrees, extends it to 10 degrees, and lateral bending is 10 degrees in each direction. He has increased tenderness on extension and lateral bending in each direction, and forward flexion. Straight leg raising is negative bilaterally but he has bilateral false positive straight leg raising at about 45 degrees. He has a very positive rock-and-tilt test. I could detect no appreciable muscle weakness or sensory deficit in either lower limb. Deep tendon reflexes are all 3+. He has marked point tenderness at the level of L3-4 and L4-5 of the lumbar spine, and he has marked bilateral paravertebral muscle spasms.

X-RAYS:

X-rays of the lumbar spine done in the office demonstrate good bone mineralization with slight narrowing of the L5-S1 disc space. I reviewed the MRI of his lumbar spine that was done back on 05/28/04 and it did not demonstrate a significant disc herniation but he has mild desiccation at the level of L5-S1 with no evidence of nerve root compression, and the facet joints appear to be fairly adequate.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, New
2. Pain, Lumbar, 724.2, New

TREATMENT PLAN:

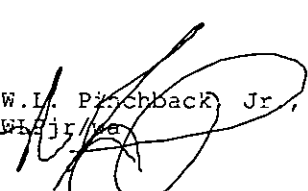
I feel his symptoms are consistent with a facet joint arthritis that is triggering the paravertebral muscle spasm that the patient is experiencing in his lower back. We would like to start him on aggressive physical therapy consisting of electrical muscle stimulation, thermal therapy, therapeutic exercises, and isokinetic strengthening exercises, and physical conditioning. We will give him an anti-inflammatory medication Celebrex pain pack 400 mg taken after dinner tonight and then 200 mg twice a day with food. He was also given a prescription for Skelaxin 800 mg, taken three times daily and a prescription for Darvocet N-100 for pain. We will prescribe a lumbosacral corset for this patient. We also gave him a shot of Toradol 60 mg IM.

ORTHOPAEDIC SUPPORT/SUPPLIES: Rigid Lumbar Corset-Brace.

DRUG RX: Celebrex 200 mg 1 po qd w/food, DARVOCET N-100 1 OR 2 Q 4 HRS PRN PAIN and Skelaxin 800mg 1 tid

FOLLOWUP: Return visit in 5 to 6 Weeks- post PT.

W.L. Pischback, Jr., M.D.
WLP/jr



449

Reprinted from Electronic Medical Record - Created on 01/11/05 13:09:42
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972



Advanced Medical Imaging C
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

Warner Pinchback, MD 01/10/2005
1329 Mulberry Street
Montgomery, AL 36106

Re: Works, Tyrone
DOB: 2/6/1972
Account#: 899266
Chart#: 80005
Exam: MRI LUMBAR SPINE 01-10-05

MRI LUMBAR SPINE:

CLINICAL HISTORY: Low back pain. Right leg numbness

TECHNIQUE: Multi-planar, multi-echo images obtained without contrast

FINDINGS: There is normal alignment without fracture or subluxation. There is desiccation of the disc at L5-S1. There is no disc space narrowing. There is a broad based disc extrusion eccentric to the right at L5-S1. This may contact the right S1 nerve root. No evidence of foraminal or spinal stenosis.

CONCLUSION:

Degenerating disc L5-S1 with a broad based right posterior disc extrusion with probable contact of the right S1 nerve root.

PAUL A. TURNER, MD

PAT/lgh

450

 Reprinted from Electronic Medical Record - Created on 01/11/05 13:11:30
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972



PROGRESS REPORT

PATIENT: Works, Tyron PHYSICIAN: Dr. Pinchback
 DIAGNOSIS: Facet Joint Arthritis DATE: January 7, 2005

ESTABLISHED GOALS INCLUDED:

- ☒ Increase range of motion
- ☒ Increase strength
- ☒ Increase general fitness/endurance
- ☒ Decrease swelling/pain
- ☒ Increase/Decrease joint mobility
- ☐ Correct Biomechanical Dysfunction
- ☒ Improve Functional Capacity in:
 - ☐ Weight Bearing
 - ☒ Work Activities
 - ☐ Sport Activities
 - ☒ ADL
- ☒ Education
- ☐ Other

RESULTS OF TREATMENT

Comments: Pt. reports back pain 3/10 is mild
 ↑ in radicular symptoms. Min. hypermobility
 is noted in Rom. Strength is 4/5. He
 has continued HEP as instructed.
 Scheduled return to work date
 is 1-17-05.

Recommendations: P.T. will continue
 as ordered by M.D. Please advise
 on plan of care.

Therapist: E. J. [Signature]

PHYSICAL THERAPY REFERRAL FORM

I have read the above progress report and would request that my patient:

- ☐ Continue with present treatment/rehabilitation.
- ☐ Have an isokinetic evaluation.
- ☐ Have a Functional Capacity Evaluation.
- ☐ Please call me concerning this patient.
- ☐ Be discharged from Physical Therapy.
- ☐ Continue with present treatment program and make the following revisions:

Physician

Date

White - Rehab Associates Copy

Canary - Physician Copy

Pink - Rehab Associates Copy

451

 Reprinted from Electronic Medical Record - Created on 02/04/05 15:52:33
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

05/14/28:21 Baptist Hospital 1(334) 288-2700 Page 2 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 East South Boulevard
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON
 MR#: B000574758
 Sex: Male
 Warner, L. MD
 DOB: 2/6/72

Account: B0503400604
 Admit: 2/3/05
 Room/Bed:

Age: 32 Years
 SS Number: 419-08-7667
 Admitting Physician: Pinchba
 Ordering Physician:

H E M A T O L O G Y

Routine Hematology

COLLECTION DATE: COLLECTION TIME:	2/4/05 11:45:00 AM	REF RANGE	UNITS
WBC	5.8	[4.1-10.3]	Thou/mL
RBC	5.22	[4.69-6.13]	Mill/mL
Hemoglobin	14.6	[11.3-15.3]	gm/dl
Hematocrit	42.7	[40.0-51.0]	%
MCV	82	[81-100]	fL
MCH	28	[27-31]	pg
MCHC	34	[32-35]	gm/dl
Platelet Count	224	[140-400]	Thou/mL
RDW	13.5	[11.5-14.5]	%

MR#: B0503400604

B000574758 Room/Bed: - Account:

Printed:
TYRON

Sex: Male
 2/4/2005 1:29 PM

DOB: 2/6/72
 Page 1 of 2 Name: WORKS

Interim-Any

452

 Reprinted from Electronic Medical Record - Created on 02/04/05 15:52:38
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

1/05 14 28.21 Baptist Hospital (334) 288-2793 Page 3 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 E. South Blvd
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON

Account: B0503400604

Automated Differential

COLLECTION DATE: COLLECTION TIME:	2/4/05 11:45:00 AM		
		REF RANGE	UNITS
Neutro Auto	57	[40-75]	%
Lymph Auto	29	[20-53]	%
Mono Auto	9	[0-12]	%
Eos Auto	4	[0-8]	%
Basophil Auto	1	[0-2]	%
Neutro Abs	3.3	[1.4-6.5]	#
Lymph Abs	1.7	[1.0-4.8]	#
Mono Abs	0.5	[0.1-0.6]	#
Eos Abs	0.3	[0.0-0.7]	#
Basophil Abs	0.1	[0.0-0.2]	#

C o o g u l a t i o n

COLLECTION DATE:	02/04/05		
COLLECTION TIME:	11:45:00		
		REF RANGE	UNITS
PT	11.5	[10.5-13.5]	Sec
INR	.93	[.92-1.38]	Sec

MR#: B0503400604

B000574758 Room/Bed: - Account:

Printed:
TYRON

Sex: Male
2/4/2005 1:29 PM

DOB: 2/6/72
2 of 2 Name:- WORKS,

Interim-Any

453

 Reprinted from Electronic Medical Record - Created on 02/04/05 15:52:42
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

1/05 14:20:21 Baptist Hospital 1(334) 288-2793 Page 4 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 E. South Blvd
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON

Account: B0503400604

C h e m i s t r y

COLLECTION DATE: COLLECTION TIME:	2/4/05 11:45:00 AM		
		REF RANGE	UNITS
Sodium	140	[135-145]	mmol
Potassium	4.3	[3.5-5.0]	mmol
Chloride	105	[97-112]	mmol
CO2	27	[22-32]	mmol

MR#:
B0503400604

B000574758 Room/Bed: - Account:

Printed:
TYRON

Sex: Male
2/4/2005 1:29 PM

DOB: 2/6/72
3 of 2 Name:- WORKS,

Interim-Any

451

 Reprinted from Electronic Medical Record - Created on 02/07/05 09:03:36
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

MO5 10:25:25 Baptist Hospital 1(334) 288-2763 Page 2 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 East South Boulevard
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON
 MR#: B000574758
 Sex: Male
 Warner L., MD
 DOB: 2/6/72

Account: B0503400604
 Admit: 2/3/05
 Room/Bed:

Age: 32 Years
 SS Number: 419-08-7667
 Admitting Physician: Pinchback,
 Ordering Physician:

B L O O D B A N K

COLLECTION DATE:	02/04/05	
COLLECTION TIME:	11:45:00	
		REF RANGE
ABO RH	A	
	POS	
Antibody Screen Gel	NEG	

Blood Bank Components

COLLECTION DATE:	02/04/05	
COLLECTION TIME:	11:45:00	
		REF RANGE
Blood Status	XM	
Blood Status	XM	
Blood Status	XM	
Blood Status	XM	
BB Unit Number	71N9592	
	7	
BB Unit Number	71N9591	
	7	
BB Unit Number	71N5178	
	8	
BB Unit Number	71N9593	
	7	

MR#:
 B0503400604

B000574758 Room/Bed: - Account:

Printed:
 TYRON

Sex: Male
 2/4/2005 5:18 PM

DOB: 2/6/72
 Page 1 of 2 Name: WORKS,

Interim-Any

455

 Reprinted from Electronic Medical Record - Created on 02/07/05 09:03:42
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

505 10.25.25 Baptist Hospital 1(334) 265-2793 Page 3 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 E. South Blvd
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON

Account: B0503400604

BB Component	RBCS	
BB Component	RBCS	
BB Component	RBCS	
BB Component	RBCS	
BB Unit ABORH	A POS	
BB Unit ABORH	A POS	
BB Unit ABORH	A POS	
BB Unit ABORH	A POS	
BB XM	NEG	
Interpretation		
BB XM	NEG	
Interpretation		
BB XM	NEG	
Interpretation		
BB XM	NEG	
Interpretation		
BB Pool Number		
BB Pool Number		
BB Pool Number		

B l o o d B a n k

Blood Bank Components

COLLECTION DATE:	02/04/05	
COLLECTION TIME:	11:45:00	
		REL RANGE
BB Pool Number		
BB Pool Type		

MR#:
 B0503400604

B000574758 Room/Bed: - Account:

Printed:
 TYRON

Sex: Male
 2/4/2005 5:18 PM

DOB: 2/6/72
 2 of 2 Name:- WORKS,

Interim-Any

456

 Reprinted from Electronic Medical Record - Created on 02/07/05 09:03:46
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

5/05 10:25:25 Baptist Hospital 1(334) 288-2793 Page 4 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 E. South Blvd
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON

Account: B0503400604

BB Pool Type		
BB Pool Type		
BB Pool Type		
BB Unit Source	MCBB	
BB Unit Source	MCBB	
BB Unit Source	MCBB	
BB Unit Source	MCBB	

MR#:
 B0503400604

B000574758 Room/Bed: - Account:

Printed:
 TYRON

Sex: Male
 2/4/2005 5:18 PM

DOB: 2/6/72
 3 of 2 Name: WORKS,

Interim-Any

457

 Reprinted from Electronic Medical Record - Created on 02/10/05 10:58:07
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

2/05 10:53:29 Baptist Hospital 1(334) 286-2793 Page 2 of 4

BAPTIST MEDICAL CENTER SOUTH
 2105 East South Boulevard
 Montgomery, AL 36116
 (334) 288-2100

Name: WORKS, TYRON

MR#: B000574758

Sex: Male

DOB: 2/6/72

Warner L, MD

Account: B0503400604

Admit: 2/8/05

Room/Bed: 417-2

Admit Type: Inpatient

Discharge Date:

Age: 33 Years

SS Number: 419-08-7667

Admitting Physician: Pinchback

R a d i o l o g y

Procedure Name:
 DX Lumbar Spine 1 View

Accession Number:
 DX-05-0015771

Procedure Date / Time:
 2/8/05 10:20:37 PM

Ordering Physician:
 Pinchback, Warner
 MD

Reason for exam:
 surgery

FINDINGS
LUMBAR SPINE:

Single lateral intraoperative view demonstrates transpedicular screw fixation of L5

ELECTRONICALLY SIGNED BY: Sneckenberger, Christopher J, M.D

TECHNOLOGIST: GWR
 TRANSCRIBED DATE AND TIME: 02/08/2005 22:29
 TRANSCRIPTIONIST: MEF

MR#:

Account:

Printed:

2/6/72

Name: WORKS, TYRON

B000574758

B0503400604

2/9/2005 8:08 AM

Room/Bed: 417-2

Sex: Male DOB:

Page 1 of 1
 Cumulative

458

Reprinted from Electronic Medical Record - Created on 01/11/05 13:09:42
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972



Advanced Medical Imaging C
525 S Lawrence Street
Montgomery, AL 36104
334-262-7226
Toll Free: 800/844-7226
Fax: 334-261-2641

Warner Pinchback, MD 01/10/2005
1329 Mulberry Street
Montgomery, AL 36106

Re: Works, Tyrone
DOB: 2/6/1972
Account#: 899266
Chart#: 80005
Exam: MRI LUMBAR SPINE 01-10-05

MRI LUMBAR SPINE:

CLINICAL HISTORY: Low back pain. Right leg numbness

TECHNIQUE: Multi-planar, multi-echo images obtained without contrast

FINDINGS: There is normal alignment without fracture or subluxation. There is desiccation of the disc at L5-S1. There is no disc space narrowing. There is a broad based disc extrusion eccentric to the right at L5-S1. This may contact the right S1 nerve root. No evidence of foraminal or spinal stenosis.

CONCLUSION:

Degenerating disc L5-S1 with a broad based right posterior disc extrusion with probable contact of the right S1 nerve root.

PAUL A. TURNER, MD

PAT/lgh

459

Reprinted from Electronic Medical Record - Created on 12/06/04 15:18:20
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

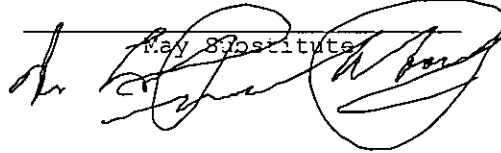
Doctor : Warner L. Pinchback, M.D.
License #: BP0745921 DEA #: 8817

Date : 12/06/2004

For Patient:
WORKS, TYRON
435 LUVERNE STREET, MONTGOMERY, AL 36105

Medication	Instructions	Disp.	Refills
Skelaxin 800mg	1 tid	60	2

Dispense As Written

May 8th Institute


460

Reprinted from Electronic Medical Record - Created on 12/06/04 15:18:21
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

Doctor : Warner L. Pinchback, M.D.
License #: BP0745921 DEA #: 8817

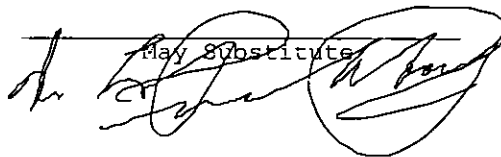
Date : 12/06/2004

For Patient:
WORKS, TYRON
435 LUVERNE STREET, MONTGOMERY, AL 36105

Medication	Instructions	Disp.	Refills
Celebrex 200 mg	1 po qd w/food	#30	2

Dispense As Written

May Substitute



461

Reprinted from Electronic Medical Record - Created on 12/06/04 15:18:21
Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

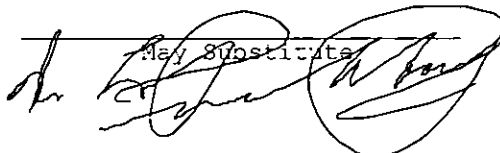
Doctor : Warner L. Pinchback, M.D.
License #: BP0745921 DEA #: 8817

Date : 12/06/2004

For Patient:
WORKS, TYRON
435 LUVERNE STREET, MONTGOMERY, AL 36105

Medication	Instructions	Disp.	Refills
DARVOCET N-100	1 OR 2 Q 4 HRS PRN PAIN	#20	1

Dispense As Written

May 8/2004


462

 Reprinted from Electronic Medical Record - Created on 02/17/05 10:56:02
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

02/18/05 22:53:20

BMC medical records->

334-262-5915

Page 1

BAPTIST MEDICAL CENTER
 2105 East South Boulevard
 Montgomery, Alabama 36111
 Telephone 334/288-2100

PATIENT: WORKS, TYRON ***
 MR #: 000574758
 SURGERY DATE: 02/08/2005
 SURGEON: WARNER L. PINCHBACK, M.D.-
 ATTENDING PHYSICIAN: WARNER L. PINCHBACK, MD

ROOM #: 417
 PATIENT #: 0503400604
 ADM DT #: 02/08/2005

AGE: 32 YEARS

DATE OF SURGERY: 02/08/2005

PREOPERATIVE DIAGNOSIS: FACET JOINT ARTHRITIS, L5-S1 OF THE LUMBAR SPINE (CODE 721.7)
 HERNIATED LUMBAR DISC, L5-S1 OF THE LUMBAR SPINE (CODE 722.73)
 DEGENERATIVE SPONDYLOLISTHESIS, L5-S1 (CODE 721.91)

POSTOPERATIVE DIAGNOSIS: FACET JOINT ARTHRITIS, L5-S1 OF THE LUMBAR SPINE (CODE 721.7)
 HERNIATED LUMBAR DISC, L5-S1 OF THE LUMBAR SPINE (CODE 722.73)
 DEGENERATIVE SPONDYLOLISTHESIS, L5-S1 (CODE 721.91)

OPERATION: - POSTEROLATERAL LUMBAR ARTHRODESIS, L5-S1 (CODE 22612)
 - DECOMPRESSIVE LUMBAR HEMI LAMINECTOMY, L5-S1 ON THE RIGHT (CODE 83030-51)
 - SEGMENTAL PEDICLE SCREW FIXATION, L5-S1 (CODE 22842)
 - HARVESTING OF RIGHT ILIAC BONE GRAFT THROUGH A SEPARATE FASCIAL INCISION (CODE 20937)

ANESTHESIA: GENERAL

ASSISTANT: DERRICK JOHNSON, SA

PROCEDURE: With this patient in the prone position, positioned on the Andrews spinal frame, his back was scrubbed and prepped with Betadine scrub and prep solution. He was then draped with sterile sheets, towels and plastic Vi-Dri. An image intensifier was used to localize the pedicle of L5 and S1 on the right and then an incision was made extend just proximal to the pedicle of L5 and distal to the pedicle of S1. The incision was carried through the skin and subcutaneous tissue, about 2-cm lateral to the spinous process. With blunt dissection, we palpated down between the fascia, divided the superficial lumbar fascia and then split the muscle fibers going down to the lamina of L5-S1 on the right. The lamina was cleared of soft tissue using electrocautery and Cobb elevators. A laminotomy was then performed using Kerrison rongeurs and the Midas-Rex drill. The ligamentum Flavum was then excised to expose the L5-S1 nerve root beneath. The S1 nerve root was teased to the midline in order to expose the herniated disc beneath. The posterior longitudinal ligament was incised and pituitary rongeurs were inserted to remove the herniated disc material. After being satisfied that an adequate amount of disc material had been removed, the wound was irrigated with normal saline and wound was then closed by closing the deep fascia with interrupted #1 Ethibond suture. A second fascial incision was made lateral to the first over the transverse processes. Muscle fibers were split to expose the transverse process of L5 and S1 and the space between those transverse processes were developed. The _____ of the sacrum was identified and after achieving exposure and making sure that we had exposure, we then packed that wound with Ray-Tec spon. We then decided to go ahead and get the bone graft. The bone graft was a subcutaneous bone graft through a separate fascial incision. We therefore made a subcutaneous dissection over the posterior superior iliac spine and then incised fascia to expose the rim of the ilium for the iliac crest. Then, we used a combination of Cobb retractors and electrocautery to expose the outer table of the posterior aspect of the pelvis. The window was taken from the outer table of cortical cancellous bone and cancellous bone chips were also obtained using gouges. After being satisfied that we had an adequate amount of bone graft material, we irrigated the wound copiously with normal saline and then packed the wound around the exposed bone areas and then removed the excessive bone wax with a curet. We then irrigated again and then inserted a large flat Jackson-Pratt drain beneath the fascia. The fascia was closed with interrupted #1 Ethibond.

OPERATIVE REPORT

Page 1 of 2

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 Reprinted from Electronic Medical Record - Created on 02/17/05 10:56:10
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972

02/18/05 22:54:14 BMC:medical records->

334-262-5915

Page 882 -----

PATIENT: WORKS, TYRON ""

PATIENT #: 0503400604

suture. We then reopened the paraspinous wound and placed retractors so that we could identify the transverse processes in the _____ of the sacrum. We then used a bone awl, placed an opening in the pedicle of L5-S1 and then inserted the reamers for the EBI spinal link-II system. We determined that we would need a 45 mm x 6.5 mm screw for the L5 pedicle and a 45 mm x 6.5 mm screw in the sacrum. After inserting those screws, we then decorticated the transverse processes and the lateral trough and packed bone graft in. Then, we assembled the spinal link system on the right. The wound was then irrigated with normal saline and the deep fascia was closed interrupted #1 Ethibond suture. The subcutaneous tissue was closed with interrupted #1 Vicryl suture. The skin was closed with interrupted stainless steel staples. For the second wound, we then made a similar incision on the left side of the paraspinous fascia, slightly more lateral. We then carried that incision through the skin and subcutaneous tissue down to the fascia. The fascia was divided in line with the incision and the muscle fibers of the paraspinous musculature were divided. The transverse process of L5 and the _____ of the sacrum were cleared of soft tissue using electrocautery. The awl was used to locate the pedicles of L5-S1. Then, both levels were reamed and we determined that we needed a 45 mm x 6.5 mm screw proximally at L5 and a 40 mm screw x 6.5 mm screw at the sacrum. We then assembled the spinal link system after decortication and packing graft over the transverse processes. The wound was irrigated with normal saline. The fascia was closed with interrupted #1 Ethibond suture. Bleeding was minimal and controlled with electrocauterization. The subcutaneous tissue was closed with interrupted #1 Vicryl suture. The skin was closed with interrupted stainless steel staples. The patient's estimated blood loss was about 300 cc. He tolerated the procedures well. There are no expected postoperative complications. The wounds were dressed with Bacitracin ointment, Adaptic and compressive dressings. The patient tolerated the procedures well. He returned to the Recovery Room in satisfactory condition.

 WARNER L. PINCHBACK, M.D.~

WLP//mn
 D: 02/03/2005
 T: 02/10/2005

OPERATIVE REPORT

Page 2 of 2

464

 Reprinted from Electronic Medical Record - Created on 01/11/05 13:11:30
 Patient: WORKS, TYRON MR No.: 27584 DOB: 02/06/1972



PROGRESS REPORT

PATIENT: Works, Tyron PHYSICIAN: Dr. Pinchback
 DIAGNOSIS: Facet Joint Arthritis DATE: January 7, 2005

ESTABLISHED GOALS INCLUDED:

- ☒ Increase range of motion
- ☒ Increase strength
- ☒ Increase general fitness/endurance
- ☒ Decrease swelling/pain
- ☒ Increase/Decrease joint mobility
- ☐ Correct Biomechanical Dysfunction
- ☒ Improve Functional Capacity in:
 - ☐ Weight Bearing
 - ☒ Work Activities
 - ☐ Sport Activities
 - ☒ ADL
- ☒ Education
- ☐ Other

RESULTS OF TREATMENT

Comments: Pt. reports back pain 3/10 & mild
 ↑ in radicular symptoms. Min. hypermobility
 is noted i Rom. Strength is 9/5. He
 has continued HEP as instructed.
 Scheduled return to work date
 is 1-17-05.

Recommendations: P.T. will continue
 as ordered by M.D. Please advise
 on plan of care.

Therapist: [Signature]

PHYSICAL THERAPY REFERRAL FORM

I have read the above progress report and would request that my patient:

- ☐ Continue with present treatment/rehabilitation.
- ☐ Have an isokinetic evaluation.
- ☐ Have a Functional Capacity Evaluation.
- ☐ Please call me concerning this patient.
- ☐ Be discharged from Physical Therapy.
- ☐ Continue with present treatment program and make the following revisions:

Physician

Date

White - Rehab Associates Copy

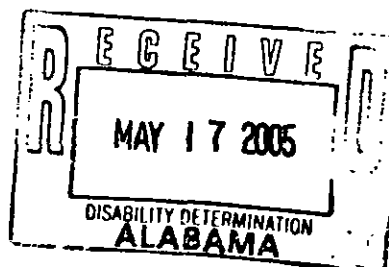
Canary - Physician Copy

Pink - Rehab Associates Copy

465

MDSI PHYSICIAN SERVICES
1701 WEST 2450 SOUTH
OGDEN, UTAH 84401
(801) 627-1093

CLAIMANT: Tyron Works
SSN: 419-08-7667
PHYSICIAN: James O. Colley, MD
ANALYST: Jones/143
CONTRACT #: 258025
LOCATION: Montgomery, Alabama
DATE OF EXAM: May 6, 2005



IDENTIFICATION DATA: Date of birth: February 6, 1972. Age: 33. The claimant is a 33-year-old African-American male who is right-hand dominant. The claimant states he has a high school education plus three years of college and last worked in November 2004. The claimant was in the military for eight years (Army) and was in the first Desert Storm operation and in Bosnia. He is currently receiving 80% disability through the Veteran's Administration and is a first time applicant through DDS. At the time that he quit working he was working for the state in the financial sector.

INTERPRETER INFORMATION: Not applicable.

CHIEF COMPLAINTS:

1. Low back pain.
2. Knee pain.
3. Heart condition.

REVIEW OF RECORDS: There is a Disability Report for an Adult that is on the chart and is filled out.

There is an operative report of the lumbosacral spine on the chart dated February 8, 2005.

There are records on the chart from Central Alabama Veteran's Administration Hospital and Clinics.

There is a history and physical on the chart by Dr. Pinchback dated December 6, 2004.

There is a Physical Activities Questionnaire on the chart that has been filled out.

5/6/05

7-F

7

CLAIMANT: Tyron Works

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PAGE 2

HISTORY OF PRESENT ILLNESS: The claimant is a 33-year-old African-American male who is status post right lumbar laminectomy at L5-S1 plus fusion and insertion of hardware on February 8, 2005. He states he injured his back while in the military and although his surgery helped, he continues to have low back pain of 8/10. He can still only walk two or three blocks. He states he has not been released yet from Dr. Pinchback's service. He can only sit for about 30-45 minutes. Prior to surgery he stated he had spasms in the legs, especially on the right, and his entire leg would go numb. He could only walk for half a block at that time.

The claimant states he has bilateral knee pain, left greater than right. He had arthroscopic surgery on the right knee in May 1999. He had the left knee scoped in November 2000. He again had surgery on the left knee at the Veteran's Administration in February 2003. He states both swell. There is no popping or grinding present. The left knee locks and buckles.

The claimant also gives a history of atrial fibrillation in the past that is controlled with his present medical regimen. There is no history at the present time of palpitations, fluttering, orthopnea, paroxysmal nocturnal dyspnea, or fluid retention.

IMPACT ON ACTIVITIES OF DAILY LIVING: He can drive for a short distance occasionally. He does no yard work and no housework. He does light grocery shopping.

CURRENT MEDICATIONS:

1. Aspirin one a day.
2. Phenergan 25 mg p.r.n. nausea.
3. Skelaxin 800 mg t.i.d.
4. Darvocet N 100 p.r.n. pain q. 4 h.
5. Albuterol meter dose inhaler.
6. AeroBid meter dose inhaler.
7. Vicodin 500/5 mg p.r.n. pain q. 4 h.
8. Protonix 40 mg a day.
9. Serevent disk.
10. Cardizem CD 120 mg a day.

PAST MEDICAL HISTORY:

1. Asthma.
2. Allergic sinusitis.

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CLAIMANT: Tyron Works

PAGE 3

These are both currently stable.

FAMILY HISTORY: Positive for asthma, high blood pressure, strokes, and heart attacks.

REVIEW OF SYSTEMS: The claimant's review of systems was normal except for cardiovascular.

SOCIAL HISTORY: The claimant's social history was noncontributory.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE & OBSERVATIONS: The claimant was honest. He gave good effort. He was consistent. He had a rather nasal voice from allergic sinusitis. The claimant is well-built, well-nourished, and in no acute distress. The claimant was alert and oriented X 3.

The claimant had good hygiene and was appropriately dressed.

He moved slowly but had an even gait.

The claimant had a normal affect.

VITAL SIGNS:

HEIGHT AND WEIGHT WITHOUT SHOES: 5'11"; 200 lb.

BLOOD PRESSURE: 130/90.

PULSE: 80.

RESPIRATIONS: 20.

SNELLEN'S TEST: Without lenses: Left 20/20; right 20/20.

HEAD: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.

EYES: Normal orbit and globe. Normal conjunctivae, cornea shows normal finding. Both lids are normal. Pupils are equal in size, round, reactive to light and accommodation. Extraocular muscles are intact.

EARS/NOSE/MOUTH/THROAT: Examination of external ears normal helix, tragus, and ear lobe. Both canals are clean. Membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is

CLAIMANT: Tyron Works

PAGE **463**

normal. Hard and soft palates are normal. Teeth are satisfactory. Gums are normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

NECK/NODES: Supple without adenopathy, thyromegaly, or masses. No jugular venous distention. Carotids without bruits, or thrills. There were no palpable cervical, supraclavicular, epitrochlear, axillary, or inguinal lymph nodes.

CHEST/LUNGS: The claimant had a normal anteroposterior diameter. There was no increased expiratory time. The chest wall moved symmetrically with normal excursions. The claimant did not use accessory muscles for respiration. The claimant's lungs were clear. There were no wheezes, rales, or rhonchi heard.

CARDIOVASCULAR: Regular rate and rhythm. Normal S1, S2. No extra sounds or murmurs were heard. There was no clubbing, cyanosis, or edema. Point of maximal impulse non displaced.

ABDOMEN: Soft and nontender and nondistended. Bowel sounds positive. No hepatosplenomegaly or masses palpable. No costovertebral angle tenderness and no guarding.

PULSES: Pulses were +2/4 bilaterally and equal in the upper and lower extremities.

COORDINATION, STATION, AND GAIT: The claimant had a normal station, normal gait, and normal coordination. Romberg was negative. Finger-to-nose was normal. The claimant could not squat down. He could not do heel-to-knee due to low back pain. The claimant could tandem walk but could not walk on his heels and toes. Again, the claimant gives good effort during the heel-to-knee test.

ASSISTIVE DEVICE: He uses a single-point cane and had bilateral Velcro knee braces with hinges. These were prescribed at the Veteran's Administration. He used the single-point cane in his right hand. He states he has a hard high back brace at home.

RANGE OF MOTION:

CERVICAL: Flexion 30 degrees, extension 30 degrees, lateral flexion 45 degrees and rotation 60 degrees.

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CLAIMANT: Tyron Works

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DORSOLUMBAR: Lateral flexion 0 degrees, flexion 20 degrees and extension 0 degrees.

HIP JOINTS: Internal rotation 40 degrees, external rotation 50 degrees, abduction 40 degrees, adduction 20 degrees, forward flexion 60 degrees due to back pain, and backward flexion 20 degrees bilaterally.

KNEE JOINTS: Flexion 90 degrees and extension 180 degrees bilaterally.

ANKLE JOINTS: Dorsiflexion 20 degrees and plantar flexion 40 degrees bilaterally.

STRAIGHT LEG RAISING: Negative sitting and supine.

SHOULDER JOINTS: Forward elevation 160 degrees, abduction 160 degrees, adduction 30 degrees, external rotation 90 degrees, and internal rotation 80 degrees and backward extension 40 degrees bilaterally.

ELBOW JOINTS: Flexion/extension 150-180 degrees, supination 80 degrees, and pronation 80 degrees bilaterally.

WRIST JOINTS: Dorsiflexion 60 degrees, palmar flexion 70 degrees, radial deviation 20 degrees, and ulnar flexion 30 degrees bilaterally.

FINGERS/THUMBS: Metacarpophalangeal joints 90 degrees, proximal interphalangeal joints 100 degrees, distal interphalangeal joints 70 degrees bilaterally, with extension out to 180 degrees or zero degrees. There was normal abduction and adduction of the fingers. The claimant was able to approximate the thumbs to the fingertips and make a good fist bilaterally, with good dexterity bilaterally.

GENERAL FINDINGS: He has two 4-5 cm scars on either side of the lumbosacral spine possibly 2 cm off the center. He had trigger point tenderness over the incisions that was mild to moderate. There were no paravertebral muscle spasms. Straight leg raising was negative. He had pain on range of motion of his knees without an effusion. The patellae moved freely. He guards both lower extremities on range of motion. There is no instability.

CLAIMANT: Tyron Works

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PAGE 6

There is no deformity and no crepitus. The claimant has smooth hands. No calluses are noted.

NEUROLOGICAL EXAMINATION:

MOTOR STRENGTH/MUSCLE BULK AND TONE: The claimant is a right-hand dominant. Grip strength was 5+/5, upper extremity strength was 5+/5, and lower extremity strength was 5+/5. The claimant had good muscle bulk and tone. There was no atrophy.

SENSORY EXAM: Normal throughout as to pinprick and vibration.

DEEP TENDON REFLEXES: Reflexes were +2/4 and symmetrical knees, ankles, and elbows. Babinski was negative.

CRANIAL NERVES II THROUGH XII: Cranial nerves II-XII were intact.

DIAGNOSES:

1. Degenerative disk disease of the lumbosacral spine status post laminectomy and fusion at L5-S1 on the right on February 8, 2005, improving. There are no further symptoms of right lumbar radiculopathy.
2. Degenerative joint disease of the knees status post multiple arthroscopic surgical procedures, on the right in May 1999 and left November 2000 and February 2003.
3. Past history of atrial fibrillation, stable on present medical regimen.
4. Asthma.
5. Allergic sinusitis.
6. Reflux symptoms secondary to medication.
7. Hypertension.

FUNCTIONAL ASSESSMENT/MEDICAL SOURCE STATEMENT: The claimant is a healthy-appearing, 33-year-old African-American male who had a laminectomy and fusion at L5-S1 on the right three months ago, for which he is not fully recovered. The claimant states he is getting out more and more and walking 2-3 blocks, building himself up. Prior to surgery he had a right lumbar

CLAIMANT: Tyron Works

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radiculopathy and could only walk for 1/2 block. He is no longer having radicular symptoms and has a motor strength of 5+/5 and symmetrical reflexes. He has negative straight leg raising. He has degenerative joint disease of the knees and has had multiple arthroscopic surgical procedures in the past. He has no deformity, effusions, or instability.

The number of hours that the claimant could be expected to stand and walk in an eight-hour workday is 4-6 hours at this point in time taking breaks every 30-45 minutes.

The number of hours the claimant could sit in an eight-hour workday is about six hours taking routine breaks.

The claimant uses bilateral Velcro hinge braces for his knees and a single-point cane at this point in time.

The amount of weight the claimant could lift or carry would be no more than 10 pounds occasionally and 5 pounds frequently.

He could occasionally bend and stoop. He should not crouch. He could occasionally kneel. He could go up a flight of steps slowly. He could pull 20 pounds occasionally and 10 pounds frequently.

There are no manipulative limitations.

There are no visual limitations and the claimant communicates effectively.

James O. Colley, MD.
James O. Colley, MD, FACS
General Surgery

joc\wm

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

CLAIMANT: TYRON WORKS		SOCIAL SECURITY NUMBER: 472	
NUMBERHOLDER (IF CDB CLAIM):		419-08-7667	
PRIMARY DIAGNOSIS: Degenerative Disc Disease	RFC ASSESSMENT IS FOR:		
SECONDARY DIAGNOSIS: Degenerative Joint Disease	<input type="checkbox"/> Current Evaluation <input checked="" type="checkbox"/> Date 12 Months After Onset:		
OTHER ALLEGED IMPAIRMENTS:	<input type="checkbox"/> Date Last Insured: 11-29-2005 (Date) (Date)		
	<input type="checkbox"/> Other (Specify):		

PRIVACY ACT/PAPERWORK ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

I. LIMITATIONS:**For Each Section A - F**

- ➡ Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.)
- ➡ Check the blocks which reflect your **reasoned judgement**.
- ➡ Describe how the **evidence substantiates your conclusions**. (Cite specific clinical and laboratory findings, observations, lay evidence, etc.)
- ➡ Ensure that you have requested:
 - Appropriate treating and examining source statements regarding the individual's capacities. (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions**. (See Section III.)
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below. (See also Section II.)
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➡ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

5/19/05

8-F

8

A. EXERTIONAL LIMITATIONS

473

☐ None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling)
(maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.
 - ☐ less than 10 pounds
 - ☐ 10 pounds
 - ☒ 20 pounds
 - ☐ 50 pounds
 - ☐ 100 pounds or more
2. **Frequently** lift and/or carry (including upward pulling)
(maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.
 - ☐ less than 10 pounds
 - ☒ 10 pounds
 - ☐ 25 pounds
 - ☐ 50 pounds or more
3. Stand and/or walk (with normal breaks) for a total of -
 - ☐ less than 2 hours in an 8-hour workday
 - ☐ at least 2 hours in an 8-hour workday
 - ☒ about 6 hours in an 8-hour workday
 - ☐ medically required hand-held assistive device is necessary for ambulation
4. Sit (with normal breaks) for a total of -
 - ☐ less than about 6 hours in an 8-hour workday
 - ☒ about 6 hours in an 8-hour workday
 - ☐ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)
5. Push and/or pull (including operation of hand and/or foot controls) -
 - ☒ unlimited, other than as shown for lift and/or carry
 - ☐ limited in upper extremities (describe nature and degree)
 - ☐ limited in lower extremities (describe nature and degree)
6. Explain how and why the evidence supports your conclusions in item 1 through 5.
Cite the specific facts upon which your conclusions are based.
SEE ADDITIONAL COMMENTS ON THE BACK PAGE

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

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B. POSTURAL LIMITATIONS

☐ None established. (Proceed to section C.)

	Frequently	Occasionally	Never
1. Climbing - ramp/stairs _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- ladder/rope/scaffolds _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Balancing _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Stooping _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kneeling _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Crouching _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Crawling _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.			

C. MANIPULATIVE LIMITATIONS☒ None established. (Proceed to section D.)**475**

- | | LIMITED | UNLIMITED |
|---|--------------------------|--------------------------|
| 1. Reaching all directions (including overhead) _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Handling (gross manipulation) _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Fingering (fine manipulation) _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Feeling (skin receptors) _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based. | | |

D. VISUAL LIMITATIONS☒ None established. (Proceed to section E.)

- | | LIMITED | UNLIMITED |
|---|--------------------------|--------------------------|
| 1. Near acuity _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Far acuity _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Depth perception _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Accommodation _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Color vision _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Field of vision _____▶ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in item 1 through 6. Cite the specific facts upon which your conclusions are based. | | |

E. COMMUNICATIVE LIMITATIONS

476

☒ None established. (Proceed to section F.)

LIMITED

UNLIMITED

1. Hearing _____ ☐ ☐
2. Speaking _____ ☐ ☐
3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS

☐ None established. (Proceed to section II.)

UNLIMITED

AVOID
CONCENTRATED
EXPOSUREAVOID EVEN
MODERATE
EXPOSUREAVOID ALL
EXPOSURE

1. Extreme cold _____ ☐ ☒ ☐ ☐
2. Extreme heat _____ ☐ ☐ ☐ ☐
3. Wetness _____ ☐ ☐ ☐ ☐
4. Humidity _____ ☐ ☐ ☐ ☐
5. Noise _____ ☐ ☐ ☐ ☐
6. Vibration _____ ☐ ☒ ☐ ☐
7. Fumes, odors, _____ ☐ ☐ ☐ ☐
dusts, gases,
poor ventilation,
etc.
8. Hazards _____ ☒ ☐ ☐ ☐
(machinery,
heights, etc.)

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

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II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.

The claimant alleges disability due to heart, back and knee problems. He states that because of these problems he can't lift bend or squat. The claimant underwent a lumbar fusion on 2/8/05 and is currently still recovering from this surgery, but within 12 months of his onset of 11/29/04 the clmt should be able to perform work at the level described in this form. Clmt's allegation are found to be partially credible.

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file? 478☒ Yes☐ No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

☒ Yes☐ No

C. If yes, explain why those conclusions are not supported by the evidence in file. (Cite the source's name and the statement date.)

Dr Colley states that the claimant could be expected to stand and walk 4-6 hours at this point in time taking breaks every 30-45 minutes. He could sit 6 hours in an 8 hour work day. He could lift 10 pounds occassionally and 5 pounds frequently. He could occassionally bend and stoop. He should not crouch He could occassionally kneel, He could go up a flight of stairs slowly and could pull 20 pounds occassionally and 10 pounds frequently. There are no manilutaltive limitations. There are no visual limitaitons and the claimant communicates effectively. While this may be an accurate assessment currently the clmt should continue to improve as he continues to heal from his surgery. This opionion has been considered and given some weight.

IV. ADDITIONAL COMMENTS:

The claimant is 33 years old with 15 years of education. He alleges that he is unable to work because of heart problems, back problems and knee problems. Clmt states that he is currently receiving 80% disability from the Veterans Administration.

Heart Problems- The claimant states that he has a history of atrial fibrillation that is currently controlled with his medical regimen. At current exam his heart has regular rate and rhythm, normal S1, S2. There are no extra sounds heart. There is no clubbing, cyanosis or edema. The claimant states that currently there are no palpitations, fluttering, orthopnea, paroxysmal nocturnal dyspnea, or fluid retention.

Back Problems- The claimant had a lumbar laminectomy with fusion of L5-S1 on 2/8/05. The claimant is continuing to recover from this surgery. He states that he can currently walk 2-3 blocks and sit for 30-45minutes. ROM of his back currently has forward flexion of 20 degrees and extension of 0 degrees. Straight leg raises are negative. The claimant uses a single prong cane at the exam. The claimant has normal gait, station, and coordination. Romberg is negative. He is unable to squat down. He could not heel-to-toe walk due to low back pain. There are no paravertebral muscle spasm.

Knee Problems- The claimant reports bilateral knee pain left > right. He has a history of arthroscopic knee surgery on the right in 5/99 and had his left knee scoped in 11/00 and left knee surgery in 2/03. There is no popping or grinding present. The claimant states the left knee will lock and buckle. He reports to the exam wearing Velcro knee braces on both knees. ROM of bilateral knees flexion 90 degrees and extension 180 degrees. There is pain with ROM. There is no effusion in either knee and the patellae move freely. He guards both lower extremities on ROM. There is no instability, deformity or crepitus.

Motor Strength/Muscle Bulk & Tone- Grip strength is 5+/5, upper and lower extremities are 5+/5 bilaterally, There is good muscle bulk and tone and there is no atrophy. Sensory is normal.

☐ THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

DISABILITY EXAMINER'S SIGNATURE:

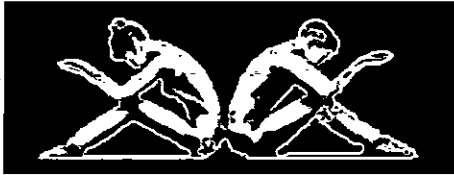
MEDICAL CONSULTANT'S CODE: DATE:

Beth E Jones

1111

05/19/2005

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

480

SURGICAL SPECIALISTS, P.C.
1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

84/20/85 12:38:38 BMC Medical Records->

334-262-5915

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BAPTIST MEDICAL CENTER
2105 East South Boulevard
Montgomery, Alabama 36111
Telephone 334/288-2100

PATIENT: WORKS, TYRON ""
MR #: 000574758
ADM. DATE: 02/08/2005
PHYSICIAN: WARNER L. PINCHBACK, M.D.-

ROOM #: 417
PATIENT #: 0503400604
DIS. DATE: 02/12/2005

DATE OF ADMISSION: 02/08/2005

DATE OF DISCHARGE: 02/12/2005

FINAL DIAGNOSES:

1. Facet joint arthritis of L5-S1.
2. Herniated lumbar disc at L5-S1.
3. Degenerative spondylolisthesis at L5-S1.
4. Postoperative blood loss anemia.
5. Hypertension.
6. Heart disease.
7. Reflux disease.

OPERATIVE PROCEDURE: Posterolateral lumbar arthrodesis extending from L5 to S1 using pedicle screw fixation, decompressed lumbar hemilaminectomy at L5-S1 on the right and harvest of iliac bone graft.

CONSULTS: Medical consult from Dr. Jefferson Underwood, III for medical management.

BRIEF SUMMARY OF HOSPITAL COURSE & HISTORY & PHYSICAL EXAMINATION: The patient is a 32-year-old male who presented with lower back pain with pain radiating down both aspects of his right lower limbs. The pain was present for several months. The patient did not respond adequately to previous conservative treatment consisting of pain medication, anti-inflammatories and rest to his lower back. Previous MRI of his lumbar spine demonstrated a herniated disc at the level of L5-S1 on the right. It also showed hypertrophy of the facet joints at the same level. The patient was therefore admitted and the above mentioned procedure was performed. The patient tolerated this procedure well. Postoperatively he complained of some nausea and was therefore treated symptomatically until the symptoms subsided. His hemoglobin and hematocrit remained stable but his diet was still supplemented with ferrous sulfate grains 5 at 1 tid. His wound looked good with minimal amount of drainage. He became ambulatory with physical therapy ambulating with minimal assistance using a walker. The patient complained of some constipation and was given magnesium citrate and had symptomatic relief. He remained afebrile throughout his stay and was therefore felt at this time that the patient could continue his convalescence at home. He was subsequently discharged.

DISCHARGE CONDITION: Good.

EXPECTED LENGTH OF RECOVERY: Six months to one year.

DISCHARGE MEDICATIONS: Vicodin 1 to 2 q4h PRN for pain, Skelaxin 800 mg 1 tid and Keflex 500 mg 1 bid.

DISCHARGE INSTRUCTIONS: Diet is a 2-gram low sodium diet. Activity is to be up and about walking as much as possible, do not sit on any low lying furniture and no lifting, bending or twisting. He is to refrain from sexual intercourse for a period of six weeks. Home health will clean the wound daily using hydrogen peroxide and/or soap and water. I will remove the skin staples in two weeks. He is to follow-up with Advanced Orthopedics in approximately two to three weeks.

WARNER L. PINCHBACK M.D.-

WLP/DJ/msl/jp
D: 02/18/2005

DISCHARGE SUMMARY

Page 1 of 2

B-1511 9F (1 Pages)

Law Offices of
S. Kay Dansby, PC

481

Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

November 8, 2006

Via Hand Delivery
Office of Disability Adjudication and Review
3381 Atlanta Highway
Montgomery, AL 36109

ADMINISTRATIVE
LAW JUDGE

NOV 08 2006

REGION IV
MONTGOMERY

RE: Tyron Works
SSI: 419-08-7667

*FTS
WMS*

Dear Sir or Madam:

Enclosed are medical records dated 01/04/05 to 07/30/06 from Veterans Administration, Montgomery, Alabama, to be associated with the above-named claimant's file.

If you have any questions, please contact me.

Respectfully,



S. Kay Dansby

Enclosers
SKD/pv



Consult Request

Printed On Oct 19, 2006

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

482**Order Information**

To Service: PROSTHETICS REQUEST - EYEGLASSES
 From Service: M-EYE OPTOMETRY (BANNISTER)
 Requesting Provider: HARRIS, WILLIAM E II
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: PROSTHETICS REQUEST - EYEGLASSES
 Consult: Consult Request
 Provisional Diagnosis: Hypermetropia (367.0)
 Reason For Request:

Service Connected Disabilities:

LIMITED EXTENSION OF KNEE 40% SC
 INTERVERTEBRAL DISC SYNDROME 40% SC
 LIMITED EXTENSION OF KNEE 30% SC
 LIMITED MOTION OF ARM 20% SC
 ASTHMA, BRONCHIAL 10% SC
 MIGRAINE HEADACHES 0% SC
 Combat Veteran Status: None Indicated
 Enrollment Priority: GROUP 1

**ADMINISTRATIVE
LAW JUDGE****NOV 08 2006****REGION IV
MONTGOMERY**

Name: WORKS, TYRON
 Age: 34
 Race: RACE UNKNOWN
 Gender: MALE

EYEGLASS RX:

	SPHERE	CYLINDER	AXIS	PRISM	BASE	BC	MPR
RIGHT	+1.50	-0.50	97				
LEFT	+1.50	-0.50	98				

ADD	HEIGHT	TYPE	WIDTH	PD FAR	PD NEAR	PD NEAR INSET	TOTAL INSET
					61		

FRAME SELECTION:

FRAME NAME	COLOR	EYESIZE	BRIDGE	TEMPLE
10NER	gOLD	50	20	145

EYEWEAR OPTION:**LENS MATERIAL:**

PLASTIC

LENS STYLE:**PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)**

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

VISTA Electronic Medical Documentation

Printed at CENTRAL ALABAMA HCS

Consult Request

Printed On Oct 19, 2006

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Single Vision

Other:

SPECIAL INSTRUCTIONS FOR EYEWEAR FABRICATION:

nvo

DELIVERY INSTRUCTIONS:

Veteran

EYEGLOSS REPLACEMENT:

INFORMATION BELOW - TO BE COMPLETED BY PROSTHETICS:

ORDERING INFORMATION:

Obligation #:

Total Cost:39.71

VISA #:

EXP DATE:

AUTHORIZATION SIGNATURE:

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE
 Significant Findings: Unknown

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	06/12/06 16:02	HARRIS,WILLIAM E	HARRIS,WILLIAM E
PRINTED TO	06/12/06 16:02		
T-PROSTHETICS			
COMPLETE/UPDATE processed	06/19/06 13:28	GLASCO,FELICIA J	GLASCO,FELICIA J

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

=====

Current PC Provider: BELL,KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

VISTA Electronic Medical Documentation

Printed at CENTRAL ALABAMA HCS

Consult Request

Printed On Oct 19, 2006

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To Service: EYE OPTOMETRY (OUTPT) MONTGOMERY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: EYE OPTOMETRY (OUTPT) MONTGOMERY
 Consult: Consult Request
 Reason For Request:
 A. Routine eye exam.

Patient Hx: WORKS, TYRON 34 yo MALE.
 34 yr old reports eyes water and hurt when he reads. Please evaluate.
 Thank you.

Service Connected Disabilities:
 LIMITED EXTENSION OF KNEE 40% SC
 INTERVERTEBRAL DISC SYNDROME 40% SC
 LIMITED EXTENSION OF KNEE 30% SC
 LIMITED MOTION OF ARM 20% SC
 ASTHMA, BRONCHIAL 10% SC
 MIGRAINE HEADACHES 0% SC
 Combat Veteran Status: None Indicated
 Enrollment Priority: GROUP 1

Active Problems:

Code	Description
493.90	Asthma, unspecified type, without mention of status asthmaticus or acute exacerb
836.2	Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2)
477.8	Allergic rhinitis
465.9	Upper respiratory infection (ICD-9-CM 465.9)
719.46	Pain in joint involving lower leg (ICD-9-CM 719.46)
346.90	Migraine (ICD-9-CM 346.90)
530.81	Gastroesophageal Reflux Disorder (ICD-9-CM 530.81)
V45.89	Other Postsurgical Status
427.31	Atrial Fibrillation

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE
 Significant Findings: Unknown

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

VISTA Electronic Medical Documentation

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Consult Request

Printed On Oct 19, 2006

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Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	05/10/06 15:24	BELL, KAREN J	BELL, KAREN J
PRINTED TO EE33433-10	05/10/06 15:24		
RECEIVED	05/11/06 08:57	MYERS, CATHLEEN B	MYERS, CATHLEEN B
SCHEDULED	05/11/06 09:06	MYERS, CATHLEEN B	MYERS, CATHLEEN B
COMPLETE/UPDATE	07/11/06 14:41	GOSHA, ANNIE B	GOSHA, ANNIE B

See Optometry note 06/06.

Note: TIME ZONE is local if not indicated

Significant Findings: Unknown

No local TIU results or Medicine results available for this consult

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: PULMONARY FUNCTION TESTS
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: PULMONARY FUNCTION TEST
 Procedure: PULMONARY FUNCTION TEST
 Provisional Diagnosis: asthma
 Reason For Request:
 PLEASE CLICK ON () FOR REQUIRED TEST(S) BASED ON GIVEN INDICATIONS:

TEST(S)	INDICATION(S)
() SPIROMETRY	() Obstructive Diseases COPD, Asthma, CF, UAO
	() Annual F/U of COPD
	() Pre-op Assessment
(X) SPIROMETRY WITH BRONCHODILATORS	(X) Determine hyper responsive airways in Asthma/COPD

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

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- () Chronic cough, unclear etiology
- () LUNG VOLUMES
- () Suspect restrictive lung disease eg.:
- () Sarcoidosis
 - () Interstitial Pulmonary fibrosis
 - () Asbestosis/Other pneumoconioses
 - () Neuromuscular Diseases
 - () Chest wall restrictions
 - () To confirm restrictive defect, when spirometry suggests restrictive defect, if clinically indicated
- () Obstructive Lung Disease:
- () Evaluate degree of air trapping and hyperinflation
 - () Bronchiectasis
- () DIFFUSING CAPACITY (DLCO)
- () Restrictive lung disease
 - () Pulmonary Vascular Disease
 - () Unexplained dyspnea
 - () Evaluate adverse effect of certain drugs on lung function
 - () Asthma versus Emphysema
 - () Preop Assessment
- () ABG
- () To evaluate for hypoxia, hypercapnia acid base disorders, etc.
- () AIRWAY RESISTANCE
- () Lesions obstructing the larger airways
 - () Airway caliber change with bronchodilator or inhalation challenge
 - () Patient unable to exert maximum effort

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE

Last Action: COMPLETE/UPDATE

Facility Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	05/10/06 15:19	BELL, KAREN J	BELL, KAREN J
PRINTED TO EE43416-CONS	05/10/06 15:19		
SCHEDULED	05/10/06 15:39	ARCHER, CAROL A	ARCHER, CAROL A
SCHEDULED			
COMPLETE/UPDATE	05/15/06 15:39	NEUMAN, JEROME D	NEUMAN, JEROME D

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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Note# 6557706

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Note: TIME ZONE is local if not indicated

TITLE: PULMONARY CONSULT
 DATE OF NOTE: MAY 15, 2006@15:38:54 ENTRY DATE: MAY 15, 2006@15:38:54
 AUTHOR: NEUMAN, JEROME D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PFT COMPLETED 05/15/06 AT 15:30. TECH JDN.

/es/ JEROME D NEUMAN

JEROME D NEUMAN

Signed: 05/15/2006 15:39

=====

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: EKG-OUTPT/MONTGOMERY
 Attention: BOYD, BILLY W
 From Service: M-LSU (24 HRS)
 Requesting Provider: BOYD, BILLY W
 Service is to be rendered on an OUTPATIENT basis
 Place: Emergency room
 Urgency: Stat
 Orderable Item: EKG-OUTPT/ALL OTHERS
 Procedure: EKG-OUTPT/ALL OTHERS
 Provisional Diagnosis: CHEST TIGHTNESS
 Reason For Request:
 CHEST TIGHTNESS

Inter-facility Information

This is not an inter-facility consult request.

Status: COMPLETE
 Last Action: COMPLETE/UPDATE

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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 MONTGOMERY, ALABAMA 36109
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CPRS RELEASED ORDER	10/25/05 14:16	BOYD, BILLY W	SPRING, ARIZONA 488 G
PRINTED TO EE43416-16	10/25/05 14:16		
COMPLETE/UPDATE	10/25/05 14:32	HENDERSON, SHEILA	HENDERSON, SHEILA
Note# 5852341			

Note: TIME ZONE is local if not indicated

TITLE: EKG
 DATE OF NOTE: OCT 25, 2005@14:32:34 ENTRY DATE: OCT 25, 2005@14:32:34
 AUTHOR: HENDERSON, SHEILA V EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

EKG DONE 1427

/es/ SHEILA V HENDERSON

Signed: 10/25/2005 14:32

=====

===== END =====

Current PC Provider: BELL, KAREN J
 Current PC Team: YELLOW TEAM
 Current Pat. Status: Outpatient
 Primary Eligibility: SERVICE CONNECTED 50% to 100%

Order Information

To Service: EYE OPTOMETRY (OUTPT) MONTGOMERY
 Attention: BANNISTER, JOHNNY
 From Service: M-K BELL NP-YELLOW TEAM WC 2
 Requesting Provider: BELL, KAREN J
 Service is to be rendered on an OUTPATIENT basis
 Place: Consultant's choice
 Urgency: Routine
 Orderable Item: EYE OPTOMETRY (OUTPT) MONTGOMERY
 Consult: Consult Request
 Reason For Request:
 A. Routine eye exam.

Service Connected Disabilities:

LIMITED EXTENSION OF KNEE 30% SC
 LUMBOSACRAL OR CERVICAL STRAIN 40% SC
 LIMITED EXTENSION OF KNEE 40% SC
 LIMITED MOTION OF ARM 20% SC
 ASTHMA, BRONCHIAL 0% SC
 MIGRAINE HEADACHES 0% SC

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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Patient Hx: WORKS, TYRON 32 yo MALE.
 32 yr old requesting eye exam in May; having back surgery next week.
 Last seen by Dr. Bannister in 02. States having some blurred vision
 w/current glasses and would like an update. Thank you

Inter-facility Information

This is not an inter-facility consult request.

Status: DISCONTINUED
 Last Action: PRINTED TO

Facility

Activity	Date/Time/Zone	Responsible Person	Entered By
CPRS RELEASED ORDER	02/03/05 11:55	BELL, KAREN J	BELL, KAREN J
PRINTED TO EE33433-10	02/03/05 11:55		
SCHEDULED	02/03/05 13:30	COLLUM, ELIZABETH	COLLUM, ELIZABETH
DISCONTINUED	05/11/05 12:31	COLLUM, ELIZABETH	COLLUM, ELIZABETH

patient was no-show.

PRINTED TO EE33433-10 05/11/05 12:31

Note: TIME ZONE is local if not indicated

No local TIU results or Medicine results available for this consult

===== END =====

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
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TITLE: PAIN REASSESSMENT
 DATE OF NOTE: JUL 30, 2006@10:42 ENTRY DATE: JUL 30, 2006@10:43:24
 AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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PAIN REASSESSMENT

1. Patient's current pain scale score:9
2. Location of pain:back
3. Have initial interventions been effective in controlling pain?
 Yes
 (Look at pain graph in vital sign package and usage of PRN pain meds)

Comments:
 no c/o when leaving

4. Was the patient's goal for pain control met?
 Yes
5. If you answered no to questions 3 and/or 4, state new interventions planned to manage or control pain:

Please Note: Therapies with asterisks (*) may required order/consult

- () TENS unit*
- () Referral to PT*
- (X) Medication Change
- () Pain Education/Support Group
- () Provider Notified
- () Heat Application*
- () Cold Application*
- () Diversional activities
- () Referral to Pain Clinic*
- () Other (specify in area below)
- none

6. Pain education reinforced:

Yes

- () Proper Body Mechanics
- () Medication Education
- () Alternative Therapies
- () Managing Stress & Depression

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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() Other: (specify in area below)

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7. Patient's response to education/level of comprehension
Patient verbalized understanding

/es/ SUKONTARAG KLINPINIJ

RN-STAFF NURSE

Signed: 07/30/2006 10:45

TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
DATE OF NOTE: JUL 30, 2006@10:40 ENTRY DATE: JUL 30, 2006@10:41
AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

() No change since last visit.

1. Learning Abilities: Reads, Writes
If other specify:

2. Readiness to Learn: Receptive

3. Barriers to Learning: Select items from the listing below that
best describes barriers to learning. If there are no barriers,
Select None. None

4. Translator required: NO
(contact the hospital operator)

5. Learning Preferences: Direct Teaching

5. Learning Needs: (X) Diagnosis (X) Safety
(X) Medications (X) Self Care
() Activity () Treatments
() Tests () Surgery
() Nutrition

Please make specific comments on any learning needs:

6. (X) Patient's or
() Significant others highest grade completed:
Other

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Comments:

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7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.
 a. Plan of care treatment and services., b. Basic health practice and safety., c. Safe and effective use of medications., of pain management.

8. Outcome: (Click on each one that applies)
 Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
 Nurse (RN, LPN)

10. General Equipment Training Certification:
 Type of Equipment:
 Serial Number:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment:

/es/ SUKONTARAG KLINPINIJ
 RN-STAFF NURSE
 Signed: 07/30/2006 10:41

TITLE: LSU NURSING DISPOSITION NOTE
 DATE OF NOTE: JUL 30, 2006@10:36 ENTRY DATE: JUL 30, 2006@10:36:35
 AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON
 SSN: 419-08-7667
 DOB: FEB 6, 1972

1. Discharge Diagnosis: see md notes
2. Disposition: home
☒ Follow up clinic appointment. Clinic name:
☐ Consult to:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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EXACERBATING OR MODIFYING FACTORS: MOVEMENT, NOT TAKING ANY MEDS
 PATIENT DENIES HA, RUNNY NOSE, ST, COUGH, CP/SOB, ABD PAIN, N/V/D, DYSURIA,
 FEVER/CHILLS.

REVIEW OF SYSTEMS: SEE HPI. ROS OTHERWISE NEGATIVE.

NURSES NOTES REVIEWED, CONCUR
 CHART REVIEWED
 PMHX, SOCHX, FAMHX AS NOTED IN CHART

PROBLEM LIST:

Code	Description
493.90	Asthma, unspecified type, without mention of status asthmaticus or acute exacerb
836.2	Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2)
477.8	Allergic rhinitis
465.9	Upper respiratory infection (ICD-9-CM 465.9)
719.46	Pain in joint involving lower leg (ICD-9-CM 719.46)
346.90	Migraine (ICD-9-CM 346.90)
530.81	Gastroesophageal Reflux Disorder (ICD-9-CM 530.81)
V45.89	Other Postsurgical Status
427.31	Atrial Fibrillation
367.0	Hypermetropia
367.20	Astigmatism, NOS

ALLERGIES: MUSHROOMS, TYPHOID VACCINE

MEDICATIONS:

Active Outpatient Medications (including Supplies):

COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
CYCLOBENZAPRINE 10MG (FLEXERIL) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE RELAXATION	PENDING
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH NOW FOR PAIN	PENDING
KETOROLAC (TORADOL) 10MG TAB** TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED WITH FOOD FOR PAIN & INFLAMMATION	PENDING
SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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T: 98.6 F [37.0 C] (07/30/2006 10:07)
 P: 75 (07/30/2006 10:07)
 BP: 119/85 (07/30/2006 10:07)
 RR: 18 (07/30/2006 10:07)
 Pain: 9 (07/30/2006 10:07)
 WT: 215 lb [97.7 kg] (07/30/2006 10:07)

PHYSICAL EXAM:

GEN: A&OX3 NAD
 EYES: EOMI
 ENT: OP CLEAR, NARES PATENT
 NECK: SUPPLE, NO LAD
 RESP: LUNGS CTA BILAT
 CV: RRR
 ABD: SOFT NT ND, BS PRESENT
 GU: RECTAL DEFERRED
 EXT: NO C/C/E
 SKIN: NO RASH
 NEURO: CN GROSSLY INTACT, STRENGTH 5/5 BILAT LE
 NEG SLT BILAT
 PSYCH: NML AFFECT

LABORATORY DATA REVIEWED:

SODIUM	143 meq/L	(04/24/2006 09:53)
POTASSIUM	3.8 meq/L	(04/24/2006 09:53)
CHLORIDE	109 meq/L	(04/24/2006 09:53)
CO2	24.0 mmol/l	(04/24/2006 09:53)
BUN	8 mg/dL	(04/24/2006 09:53)
CREATININE	1.1 mg/dl	(04/24/2006 09:53)
GLUCOSE	92 mg/dL	(04/24/2006 09:53)
HGB	14.0 g/dL	(04/24/2006 09:53)
HCT	40.3 % L	(04/24/2006 09:53)
CHOL	182 mg/dL	(04/24/2006 09:53)
LDL	128.2 mg/dl	(04/24/2006 09:53)
HDL	35.0 mg/dl	(04/24/2006 09:53)
TRIG	94.0 mg/dL	(04/24/2006 09:53)

IMPRESSION & PLAN: 34 Y/O MALE WITH LBP

TORADOL 10 TID, QTY 12
 FLEXERIL 10 TID, QTY 9
 LORTAB 5 X TWO TABS

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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PT COUNSELING & EDUCATION PROVIDED
FOLLOW-UP WITH PRIMARY CARE
RETURN TO LSU PRN, OR IF SYMPTOMS WORSEN/PERSIST

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/es/ BRIAN K BRITT
MD, LSU PHYSICIAN
Signed: 07/30/2006 10:31

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
DATE OF NOTE: JUL 30, 2006@10:10 ENTRY DATE: JUL 30, 2006@10:10:24
AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Acute Pain Initial Assessment

Pain 4 or greater (Complete questions 1-14)

Please select only ONE screening tool used to obtain score below:

Screening Tool
Numeric Rating Scale (NRS)

Questions

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 9

2. LOCATION OF PAIN:

lower back

3. ONSET: Jul 29, 2006

4. DIAGNOSIS pertinent to pain:

chronic low back pain/fusion

5. FREQUENCY and pattern of pain:

- () Constant
- () Intermittent
- (X) With Movement

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
435 Lurene Circle
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() Other (Specify):

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6. INTENSITY of pain:

Worst pain level in last month: 10

Least pain level in last month:

Patient pain level intensity goal:

7. QUALITY how does patient describe pain?

() Shooting

() Stabbing

() Sharp

(X) Aching

() Burning

() Throbbing

() Radiating

() Dull

() Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

(X) Movement

(X) ADL's

(X) Stress

() Treatments

() Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

() Rest

() Sleep

(X) Repositioning

() Eating

() Massage

() Heat

() Cold

() Exercise

() Other (Specify):

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list):

out of Lortab and Flexeril

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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Non-Pharmacological interventions:

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☒ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

13. EDUCATION related to pain management provided:

Go to "INTERDISCIPLINARY PATIENT/FAMILY EDUCATION" Note for documentation

YES

Did patient verbalize understanding?

YES

14: PLAN OF CARE:

a. Goal (list):
pain intervention

b. Intervention (list)
refer to Dr Britt

c. Evaluation/Effectiveness: Documented in BCMA/CPRS

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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MONTGOMERY, ALABAMA 36109
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YES
Comments:

d. Refer to provider for treatment/interventions

YES
Comments:

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 07/30/2006 10:12

TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: JUL 30, 2006@10:08 ENTRY DATE: JUL 30, 2006@10:08:06
AUTHOR: CLAXTON,CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON
SSN: 419-08-7667
Age: 34
Gender: MALE

Vital Signs taken: YES

Temperature: 98.6 F [37.0 C] (07/30/2006 10:07)
Pulse: 75 (07/30/2006 10:07)
Respiration: 18 (07/30/2006 10:07)
B/P: 119/85 (07/30/2006 10:07)
Pain: 9 (07/30/2006 10:07)
Height: 72 in [182.9 cm] (06/11/2006 10:30)
Weight: 215 lb [97.7 kg] (07/30/2006 10:07)

Pulse OX: 100

Mode of arrival: AMBULATORY
If OTHER, please state:

Chief Complaint:

Alert, oriented x3, resp regular and with ease. Gait steady but slow; c/o lower back pain since last night. States that he had a lower back fusion in the past. Sitting up and walking increases pain. Out of Lortab and Flexeril. Unable to work today as a Security Guard because of his pain. Refer to MD.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Patient given emergent care prior to arrival: NO

If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? NO

If YES, please state:

Was it effective? NO

If YES, please state:

Last Tetanus:

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE

Herbals:

OTC Medicines:

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
3) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

Active Non-VA Medications	Status
1) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

7 Total Medications

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Triage Category:
Non Urgent

Disposition to:
Primary Care Team: LSU - Montgomery
Other:

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 07/30/2006 10:10

TITLE: EYE OPTOMETRY
DATE OF NOTE: JUN 12, 2006@15:21 ENTRY DATE: JUN 12, 2006@15:21:36
AUTHOR: BANNISTER,JOHNNY EXP COSIGNER:
URGENCY: STATUS: COMPLETED

OPTOMETRY CLINIC
CAVHCS - MONTGOMERY A1
FINDINGS ARE NORMAL UNLESS NOTED BELOW
Dilated fundus exam unless "DO" noted
Note: od= right OS= left

~~~~~  
SUBJECTIVE:  
~~~~~

: PHX = SEE BELOW:
ALLERGIES= MUSHROOMS, TYPHOID VACCINE
MEDS= Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 2 TABLETS BY MOUTH NOW FOR PAIN	ACTIVE
3) HYDROCODONE 10/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH NOW FOR PAIN	ACTIVE
4) KETOROLAC (TORADOL) 30MG/ML INJ INJECT 60MG/2ML INTRAMUSCULARLY NOW FOR PAIN	ACTIVE
5) PROMETHAZINE 25MG/CC (PHENERGAN) INJ INJECT 25MG/1ML INTRAMUSCULARLY NOW	ACTIVE
6) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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7) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN ACTIVE

Active Non-VA Medications	Status
1) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

11 Total Medications

ROS : Code Description

493.90 Asthma, unspecified type, without mention of status asthmaticus or acute exacerb
 836.2 Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2)
 477.8 Allergic rhinitis
 465.9 Upper respiratory infection (ICD-9-CM 465.9)
 719.46 Pain in joint involving lower leg (ICD-9-CM 719.46)
 346.90 Migraine (ICD-9-CM 346.90)
 530.81 Gastroesophageal Reflux Disorder (ICD-9-CM 530.81)
 V45.89 Other Postsurgical Status
 427.31 Atrial Fibrillation

HA1C ____

RFV:Glasses Requested still work on computer a lot / consult From Service:

M-K BELL NP-YELLOW TEAM WC 2

Requesting Provider: BELL, KAREN J

Service is to be rendered on an OUTPATIENT basis

Place: Consultant's choice

Urgency: Routine

Orderable Item: EYE OPTOMETRY (OUTPT) MONTGOMERY

Consult: Consult Request

Reason For Request:

A. Routine eye exam.

Patient Hx: WORKS, TYRON 34 yo MALE.

34 yr old reports eyes water and hurt when he reads. Please evaluate.

Thank you.

Service Connected Disabilities:

LIMITED EXTENSION OF KNEE 40% SC

INTERVERTEBRAL DISC SYNDROME 40% SC

LIMITED EXTENSION OF KNEE 30% SC

LIMITED MOTION OF ARM 20% SC

ASTHMA, BRONCHIAL 10% SC

MIGRAINE HEADACHES 0% SC

Combat Veteran Status: None Indicated

Enrollment Priority: GROUP 1/ cc- none

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~~~~~  
OBJECTIVE:  
~~~~~

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VA(S) RIGHT(OD) 20/25 LEFT(OS) 20/25 -
 EOM - from PUPIL= per(dilation) CT-0
 REFRACTION(S):

 DATE RIGHT(OD)*****VA TYPE LEFT(OS)*****VA ADD
 PC +0.50 -0.50 85 +0.75 -0.50 94
 arrx +0.25 -0.25 90 /25 +0.75 -0.75 78 /25
 020517 +0.75 -0.75 92/20 MANRX +0.75 -0.75 89 /20 n/a
 computer rx +1.50 -0.75 92 +1.50 -0.75 89
 JUN 12, 06 +0.50 -0.50 97 /20 MANRX +0.50 -0.50 98 /20 +1.00 n

TONOMETRY OR IOPS(FOR GLAUCOMA):

	RIGHT	LEFT
IOPS NCT 13	020517	10
JUN 12, 2006 nct 20/15		11 -1443pm

BIOMICROSCOPE evaluation of ocular adnexa (or SLE)
 (CLIVAC)= conj. hypertrophy nasal , papiloma 1/1/lid,

ANGLES= 1/2+

OPHTHAL= CD.4/.4, lens clear, Media clear, margin clear, Mr=wnl, GRA= os 3
 oclock near ora-

OTHER TEST=

=====prior data

-----020517

OPHTHAL= CD.3+/.3+, lens clear, Media clear, margin clear, Mr=wnl,a/v=
 2/3-, A=1(do)

OTHER TEST= red lens - fusion

maddox rod 1/2 base out// ortho near

=====end

~~~~~  
ASSESSMENT:  
~~~~~

Mental State=alert-

ASTIGMATISM, HYPEROPIA,

Patient is a lifetime non-smoker or has no history of Tobacco use in
 the last 7 years or more. Patient was advised not to start using
 Tobacco products.

- suspect his frame is bent

=====prior data

-----020517

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Mental State=alert-
367.0, 367.2- latent hyperopia.
f/body os

~~~~~  
TX PLAN:  
~~~~~

GLASSES-

RTC= DISCHARGED TO PC PROVIDER/ PRN

PATIENT WAS EDUCATED AS BELOW:FINDINGS, ETC

[X] patient agrees with PLAN OF CARE

[X] patient basic understanding of plan verbalizes () NEEDS REINFORCEMENTS

[] patient doesn't agree with plan.

Action taken:

[] patient does not verbalize basic understanding of plan.

(X) medications or additional test

(X) Basic health practices

COMMENTS:

recipient : (x) patient

-----020517

GLASSES- offered

copies of manrx and computer glasses given - pt wanted to use his frames

- not our policy

f/body removed - irrigated os with dacriose

tears - otc- d/c other drops

RTC= 2 yrears

[] patient agrees with plan

[X] patient verbalizes basic understanding of plan

[x] patient doesn't agree with plan. (did not want to be dilated-)

Action taken: Advised pt I could over look a pathology that could cause him to go blind if I did not dilate -he acknowledged this possibility. Did not dilate

/es/ JOHNNY BANNISTER

STAFF OPTOMETRIST

Signed: 06/12/2006 15:46

TITLE: LSU NURSING DISPOSITION NOTE

DATE OF NOTE: JUN 11, 2006@13:41

ENTRY DATE: JUN 11, 2006@13:42

AUTHOR: SINGER,LAMARQUIS D

EXP COSIGNER:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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URGENCY:

STATUS: COMPLETED

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LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis: Migraine Headache
 2. Disposition:
☒ Follow up clinic appointment. Clinic name: Primary Care
☐ Consult to:
☐ Admitted to inpatient unit:
☐ Other:
☐ Left AMA
 Comments:
 3. Nursing interventions given in LSU: IM injections x 2, p.o. meds
 4. After-care sheet given:
☐ yes, Sheet Title:
☒ no
- (Refer to Interdisciplinary Patient Teaching Note)
5. Patient and/or family member/significant other verbalized understanding of post-care instructions: ☐ yes ☐ no
 Family member/significant other present:
 6. Condition: ☐ improved
☐ satisfactory
☒ unchanged
☐ worse

Comments:

No change in pain status at time of discharge

{Attending LSU physician to co-sign this note!}

/es/ LAMARQUIS D SINGER

RN, STAFF NURSE

Signed: 06/11/2006 13:44

TITLE: LSU NURSING NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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DATE OF NOTE: JUN 11, 2006@11:34 ENTRY DATE: JUN 11, 2006@11:34:13
 AUTHOR: SINGER, LAMARQUIS D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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1135- Esgic 1 tab et. Lortab 10mg given p.o. for pain. Ketorolac 60mg IM right dorsogluteal. Toradol 60mg IM left dorsogluteal.

/es/ LAMARQUIS D SINGER
 RN, STAFF NURSE
 Signed: 06/11/2006 11:38

TITLE: LSU PHYSICIAN NOTE
 DATE OF NOTE: JUN 11, 2006@11:18 ENTRY DATE: JUN 11, 2006@11:18:35
 AUTHOR: BRITT, BRIAN K EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

WORKS, TYRON IS A 34 Y/O MALE WITH HX MIGRAINE HA HERE WITH CHIEF COMPLAINT OF POUNDING, THROBBING BILAT HA, WITH ASSOCIATED LIGHT/SOUND SENSITIVITY, NAUSEA.

DURATION OF SYMPTOMS: ONE DAY
 PATIENT REPORTS PAIN 8/10 INTENSITY.
 ASSOCIATED SYMPTOMS: SEE HPI
 EXACERBATING OR MODIFYING FACTORS: LIGHT, NOISE
 PATIENT DENIES RUNNY NOSE, ST, COUGH, CP/SOB, ABD PAIN, N/V/D, DYSURIA, FEVER/CHILLS.

REVIEW OF SYSTEMS: SEE HPI. ROS OTHERWISE NEGATIVE.

NURSES NOTES REVIEWED, CONCUR
 CHART REVIEWED
 PMHX, SOCHX, FAMHX AS NOTED IN CHART

PROBLEM LIST:

Code	Description
493.90	Asthma, unspecified type, without mention of status asthmaticus or acute exacerb
836.2	Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2)
477.8	Allergic rhinitis
465.9	Upper respiratory infection (ICD-9-CM 465.9)
719.46	Pain in joint involving lower leg (ICD-9-CM 719.46)
346.90	Migraine (ICD-9-CM 346.90)
530.81	Gastroesophageal Reflux Disorder (ICD-9-CM 530.81)
V45.89	Other Postsurgical Status
427.31	Atrial Fibrillation

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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ALLERGIES: MUSHROOMS, TYPHOID VACCINE

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MEDICATIONS:

Active Outpatient Medications (including Supplies):

COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
ESGIC (APAP325MG/BUTAL50MG/CAFF40MG) TAB TAKE 2 TABLETS BY MOUTH NOW FOR PAIN	PENDING
HYDROCODONE 10/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH NOW FOR PAIN	PENDING
KETOROLAC (TORADOL) 30MG/ML INJ INJECT 60MG/2ML INTRAMUSCULARLY NOW FOR PAIN	PENDING
PROMETHAZINE 25MG/CC (PHENERGAN) INJ INJECT 25MG/1ML INTRAMUSCULARLY NOW	PENDING
SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

VS NOTED

T: 97.6 F [36.4 C] (06/11/2006 10:30)
P: 77 (06/11/2006 10:30)
BP: 119/63 (06/11/2006 10:30)
RR: 20 (06/11/2006 10:30)
Pain: 8 (06/11/2006 10:30)
WT: 209.3 lb [95.1 kg] (06/11/2006 10:30)

PHYSICAL EXAM:

GEN: A&OX3 MILD DISTRESS
EYES: EOMI
ENT: OP CLEAR, NARES PATENT
NECK: SUPPLE, NO LAD
RESP: LUNGS CTA BILAT
CV: RRR
ABD: SOFT NT ND, BS PRESENT
GU: RECTAL DEFERRED
EXT: NO C/C/E
SKIN: NO RASH
NEURO: CN INTACT
PSYCH: NML AFFECT

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LABORATORY DATA REVIEWED:**508**

SODIUM 143 meq/L (04/24/2006 09:53)
 POTASSIUM 3.8 meq/L (04/24/2006 09:53)
 CHLORIDE 109 meq/L (04/24/2006 09:53)
 CO2 24.0 mmol/l (04/24/2006 09:53)
 BUN 8 mg/dL (04/24/2006 09:53)
 CREATININE 1.1 mg/dl (04/24/2006 09:53)
 GLUCOSE 92 mg/dL (04/24/2006 09:53)

 HGB 14.0 g/dL (04/24/2006 09:53)
 HCT 40.3 % L (04/24/2006 09:53)

 CHOL 182 mg/dL (04/24/2006 09:53)
 LDL 128.2 mg/dl (04/24/2006 09:53)
 HDL 35.0 mg/dl (04/24/2006 09:53)
 TRIG 94.0 mg/dL (04/24/2006 09:53)

IMPRESSION & PLAN: 34 Y/O MALE WITH MIGRAINE HA

TORADOL 60 IM X ONE
 PHENERGAN 25 IM X ONE
 ESGIC X 2 TABS
 LORTAB 10 X ONE TAB
 PT COUNSELING & EDUCATION PROVIDED
 FOLLOW-UP WITH PRIMARY CARE
 RETURN TO LSU PRN, OR IF SYMPTOMS WORSEN/PERSIST

/es/ BRIAN K BRITT
 MD, LSU PHYSICIAN
 Signed: 06/11/2006 11:27

TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
 DATE OF NOTE: JUN 11, 2006@10:36 ENTRY DATE: JUN 11, 2006@10:36:47
 AUTHOR: JACKSON, MARY E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):
 headache
 (X) No change since last visit.

1. Learning Abilities: Reads, Writes
 If other specify:

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2. Readiness to Learn: Receptive, Motivated

3. Barriers to Learning: Select items from the listing below that best describes barriers to learning. If there are no barriers, Select None. None

4. Translator required: NO
(contact the hospital operator)

5. Learning Preferences: Direct Teaching

5. Learning Needs: (X) Diagnosis (X) Safety
(X) Medications (X) Self Care
(X) Activity (X) Treatments
(X) Tests () Surgery
(X) Nutrition

Please make specific comments on any learning needs:

6. (X) Patient's or
() Significant others highest grade completed:
Other

Comments: 3 years of college

7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.
a. Plan of care treatment and services., b. Basic health practice and safety., c. Safe and effective use of medications., d. Nutrition intervention/counseling and/or diet modification., f. Understanding pain, the risk for pain, the importance of effect of the pain management, pain assessment process, method

8. Outcome: (Click on each one that applies)
Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

10. General Equipment Training Certification:
Type of Equipment:
Serial Number:

Name of Person Receiving Orientation: patient
This patient or the responsible person identified above
has been trained and certified competent to safely and

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effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

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Comment:

/es/ MARY E JACKSON
RN STAFF NURSE
Signed: 06/11/2006 10:37

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
DATE OF NOTE: JUN 11, 2006@10:34 ENTRY DATE: JUN 11, 2006@10:34:30
AUTHOR: JACKSON, MARY E EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Acute Pain Initial Assessment

Pain 4 or greater (Complete questions 1-14)

Please select only ONE screening tool used to obtain score below:

Screening Tool
Numeric Rating Scale (NRS)

Questions

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 8

2. LOCATION OF PAIN:

head

3. ONSET: Jun 10, 2006

4. DIAGNOSIS pertinent to pain:

yes

5. FREQUENCY and pattern of pain:

(X) Constant
() Intermittent

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- () With Movement
() Other (Specify):

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6. INTENSITY of pain:

Worst pain level in last month: 10
Least pain level in last month: 8
Patient pain level intensity goal: 0

7. QUALITY how does patient describe pain?

- () Shooting
(X) Stabbing
() Sharp
() Aching
() Burning
(X) Throbbing
(X) Radiating
() Dull
() Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- (X) Movement
() ADL's
() Stress
() Treatments
() Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

- () Rest
() Sleep
() Repositioning
() Eating
() Massage
() Heat
() Cold
() Exercise
(X) Other (Specify):
nothing

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Medication (list):
excedrin

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Non-Pharmacological interventions:
refer to md

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☒ Sleep
- ☐ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☒ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List): nothing

13. EDUCATION related to pain management provided:

Go to "INTERDISCIPLINARY PATIENT/FAMILY EDUCATION" Note for documentation

YES

Did patient verbalize understanding?

YES

14: PLAN OF CARE:

a. Goal (list):
pain free

b. Intervention (list)
refer to md

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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c. Evaluation/Effectiveness: Documented in BCMA/CPRS

YES

Comments:

d. Refer to provider for treatment/interventions

YES

Comments:

/es/ MARY E JACKSON

RN STAFF NURSE

Signed: 06/11/2006 10:36

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: JUN 11, 2006@10:31

ENTRY DATE: JUN 11, 2006@10:31:37

AUTHOR: JACKSON, MARY E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Name: WORKS, TYRON

SSN: 419-08-7667

Age: 34

Gender: MALE

Vital Signs taken: YES

Temperature: 97.6 F [36.4 C] (06/11/2006 10:30)

Pulse: 77 (06/11/2006 10:30)

Respiration: 20 (06/11/2006 10:30)

B/P: 119/63 (06/11/2006 10:30)

Pain: 8 (06/11/2006 10:30)

Height: 72 in [182.9 cm] (06/11/2006 10:30)

Weight: 209.3 lb [95.1 kg] (06/11/2006 10:30)

Pulse OX: 98%

Mode of arrival: AMBULATORY

If OTHER, please state:

Chief Complaint:

headache that started on yesterday. dizziness and blurred vision. took
excedrin on yesterday. no relief.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Patient given emergent care prior to arrival: NO
If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? YES
If YES, please state:
excedrin

Was it effective? NO
If YES, please state:

Last Tetanus:
> 5 years unknown

Immunization:
Flu vaccine 2005
Pneumonia vaccine 2005

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:none

OTC Medicines:excedrin

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
3) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

Active Non-VA Medications	Status
1) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

7 Total Medications

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Triage Category:
Non Urgent

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Disposition to:
Primary Care Team: LSU
Other:

Clinical Reminder(s)/
N-Tobacco Screen:

Patient is a lifetime non-smoker or has no history of Tobacco use in the last 7 years or more. Patient was advised not to start using Tobacco products.

/es/ MARY E JACKSON
RN STAFF NURSE
Signed: 06/11/2006 10:34

TITLE: PULMONARY CONSULT
DATE OF NOTE: MAY 15, 2006@15:38:54 ENTRY DATE: MAY 15, 2006@15:38:54
AUTHOR: NEUMAN, JEROME D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PFT COMPLETED 05/15/06 AT 15:30. TECH JDN.

/es/ JEROME D NEUMAN
JEROME D NEUMAN
Signed: 05/15/2006 15:39

TITLE: PC-NURSING EXIT INTERVIEW
DATE OF NOTE: MAY 10, 2006@15:18 ENTRY DATE: MAY 10, 2006@15:18:56
AUTHOR: DUBOSE, VALERIE A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()
3. Do you know what to do if your condition get worse? Yes (x) No ()
4. Do you feel that you were involved in decision making about your care?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Yes (x) No ()

5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x)

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6. Other Comments:

Provider's notes not available for review at this time however, the veteran expressed satisfaction with today's visit and understanding of the plan of care. Writer encouraged veteran to take/maintain an active role in his healthcare management. Veteran aware of request for pulmonary function test.

/es/ VALERIE A. DUBOSE

RN

Signed: 05/10/2006 15:33

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD

DATE OF NOTE: MAY 10, 2006@15:17

ENTRY DATE: MAY 10, 2006@15:17:25

AUTHOR: DUBOSE, VALERIE A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

(X) No Pain

() Acute Pain Initial Assessment

() Chronic Pain Assessment

Type Pain Scale Used:

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 0

2. LOCATION OF PAIN:

3. ONSET:

4. DIAGNOSIS pertinent to pain:

5. FREQUENCY and pattern of pain:

() Constant

() Intermittent

() With Movement

() Other (Specify):

6. INTENSITY of pain:

Worst pain level in last month:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

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Least pain level in last month:
Patient pain level intensity goal:

7. QUALITY how does patient describe pain?

- ☐ Shooting
- ☐ Stabbing
- ☐ Sharp
- ☐ Aching
- ☐ Burning
- ☐ Throbbing
- ☐ Radiating
- ☐ Dull
- ☐ Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- ☐ Movement
- ☐ ADL's
- ☐ Stress
- ☐ Treatments
- ☐ Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

- ☐ Rest
- ☐ Sleep
- ☐ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☐ Other (Specify):

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list):

Non-Pharmacological interventions:

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☐ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☐ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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() Other (Specify):

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12. Is there ANYTHING ELSE you want to tell me about your pain?
Use patient's own words (List):

13. EDUCATION related to pain management provided:
If YES, did patient verbalize understanding:

14. PLAN OF CARE:

- a. Goal (list):
- b. Intervention (list):
- c. Evaluation/Effectiveness: Documented in BCMA/CPRS.
- d. Refer to provider for treatment/interventions

/es/ VALERIE A. DUBOSE

RN

Signed: 05/10/2006 15:17

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: MAY 10, 2006@14:43

ENTRY DATE: MAY 10, 2006@14:43:49

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

In for f/u on asthma, migraines, gerd. Having asthma symptoms and would like pft. Migraines used to be regular now are rare. GERD doing well on protonix; gets from cardiologist as prilosec did not control symptoms. Has pvt cardiologist for atrial fib. Lifelong non-smoker

family hx: no asthma in immediate family but several cousins have been dx w/it and daughter (age 6) has it also

(o) A&O x 3; wdown male nad
nursing assessment reviewed and agreed with
frequent dry cough during exam
heart: RRR: no murmur auscultated
lungs: CTA&P; good bilateral chest expansion
skin: tattoos on arms and back; skin w/d; good turgor

(a) asthma - some symptoms
migraines - much improved and only occasional now
GERD - doing well on protonix from pmd
atrial fib - followed by pvt cardiologist
chronic back pain - improved w/surgery last year; gets hydrocodone from pmd for pain flares

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(p) referred for PFT
 continue serevent
 rtc in 6 mo w/dietary appt; will call for appt if needed sooner

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/es/ KAREN BELL, CRNP

Signed: 05/10/2006 15:19

05/10/2006 ADDENDUM
 consult to optometry made

STATUS: COMPLETED

/es/ KAREN BELL, CRNP

Signed: 05/10/2006 15:24

TITLE: PC NURSING SCREENING NOTE
 DATE OF NOTE: MAY 10, 2006@14:17 ENTRY DATE: MAY 10, 2006@14:17:30
 AUTHOR: LEWIS, FRANCES P EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

WORKS, TYRON 34
 419-08-7667

SUBJECTIVE: Patient states I would like to get placed back on my current asthma medications and get another pft test done, sometimes it feels as if something is stuck in my throat and I can not get air and I starts coughing; would like to get an eye exam done.

110/60 (05/10/2006 14:15) 78 (05/10/2006 14:15) 18 (05/10/2006 14:15) 97.7 F [36.5 C] (05/10/2006 14:15)

PAIN: 0 (05/10/2006 14:15)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

OTC Medicines: Ecotrin 1 daily

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Non VA Medications: Skelaxin, Cardizem, Protonix, Hydrocodone as needed for pain

Herbals: None

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Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

1. BMI >27 Yes-28
2. BMI <21 No
3. Unintentional weight loss/gain of 5 pounds or more in the past month No
4. Follow-up nutrition education needed. Yes
5. Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. No

EXERCISE SCREEN: MODERATE

Comments: "I walks".

Assessment: Patient alert, oriented, respirations regular with ease, ambulatory.

Clinical Reminder(s)/

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

N-PTSD Screen:

SCREEN FOR PTSD

Have you ever had any experience that was so frightening, horrible, or upsetting that, IN THE PAST MONTH, you:

1. Have had any nightmares about it or thought about it when you did not want to?

Answer: No

2. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?

Answer: No

3. Were constantly on guard, watchful, or easily startled?

Answer: No

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4. Felt numb or detached from others, activities, or your surroundings?

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Answer: No

PTSD screen score = 0

PTSD screen is 'NEGATIVE'

Plan: Will refer above to provider.

/es/ FRANCES LEWIS

LPN

Signed: 05/10/2006 14:26

TITLE: ADMINISTRATIVE CORRESPONDENCE

DATE OF NOTE: APR 24, 2006@15:17

ENTRY DATE: APR 24, 2006@15:17:17

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

pt cx appt today and rescheduled for 5/10/06

/es/ KAREN BELL, CRNP

Signed: 04/24/2006 15:17

TITLE: PC-NURSING EXIT INTERVIEW

DATE OF NOTE: MAR 24, 2006@14:34

ENTRY DATE: MAR 24, 2006@14:34:37

AUTHOR: DUBOSE, VALERIE A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()

2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()

3. Do you know what to do if your condition get worse? Yes (x) No ()

4. Do you feel that you were involved in decision making about your care? Yes (x) No ()

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x) **522**

6. Other Comments:

Veteran's temp rechecked before leaving: 98.9F. Veteran verbalized satisfaction with today's visit and expressed understanding of the plan of care. Writer encouraged veteran to take/maintain an active role in his healthcare management.

/es/ VALERIE A. DUBOSE

RN

Signed: 03/24/2006 14:45

TITLE: NURSE PRACTITIONER GENERAL NOTE

DATE OF NOTE: MAR 24, 2006@13:39

ENTRY DATE: MAR 24, 2006@13:39:59

AUTHOR: BELL, KAREN J

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

walk-in (last seen in pc 2/05; appt 10/05 and went to LSU for chest pain); seen in LSU by Dr. Boyd 3/22/06 and medication given. Comes in today w/increased pain in throat, states feels like tongue is swollen some in the back and it is getting harder to swallow. Has been running a low grade fever accompanied by chills intermittently. Has been eating chicken soup, hurts too much to eat solid food.

(o) A&O x 3; wdown male nad; looks sick but not toxic
throat reddened but no exudate observed; swallowed several times before opening mouth; states hurts to open mouth; back of throat viewed w/out difficulty.
heart: tachycardic but regular
lungs: CTA

(a) pharyngitis
report of hemoptysis

(p) discussed w/Dr. Islam in ER
change antibiotic
CXR - done; discussed w/pt
rtc w/in 4-6 wks w/fasting chem 14, cbc, lipid profile, dietary appt.
continue gargles prn; encouraged hot tea, popcicles

Clinical Reminder(s) /

C-Clinician Pain Plan of Care:

NEW PAIN PLAN OF CARE

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Comment related to Pain Plan of Care: will add ultram prn
C -PTSD SCREENING:
The PTSD Screen was Negative.
Patient declined PTSD screening at this encounter.

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/es/ KAREN BELL,CRNP

Signed: 03/24/2006 14:29

TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
DATE OF NOTE: MAR 24, 2006@12:21 ENTRY DATE: MAR 24, 2006@12:21:25
AUTHOR: LEWIS,FRANCES P EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

() No change since last visit.

1. Learning Abilities: Reads, Writes

2. Readiness to Learn: Receptive, Motivated

3. Barriers to Learning: Select items from the listing below that
best describes barriers to learning. If there are no barriers,
Select None. None

4. Translator required: NO

5. Learning Preferences: Other-Doing

5. Learning Needs: () Diagnosis () Safety
(X) Medications (X) Self Care
(X) Activity (X) Treatments
() Tests () Surgery
(X) Nutrition

Please make specific comments on any learning needs:

6. (X) Patient's or
(X) Significant others highest grade completed: Patient wife present
College Degree

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given. **524**
- a. Plan of care treatment and services., b. Basic health practice and safety., c. Safe and effective use of medications., d. Nutrition intervention/counseling and/or diet modification., k. Other-Responsibility of own health and care.

Discussed and patient encouraged to exercise 30 min 3-4 times weekly to lose and maintain weight control; helps to relieve stress and pain; helps to prevent disease processes such as htn, high cholesterol level, diabetes and heart. Discussed: taking medications as prescribed. My HealtheVet and provided online internet address; advance clinic access; telephone care program and appointment scheduling also provided telephone numbers. Encouraged to eat balance meals.

8. Outcome: (Click on each one that applies)
Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

10. General Equipment Training Certification:
Type of Equipment:
Serial Number:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment:

/es/ FRANCES LEWIS

LPN

Signed: 03/24/2006 12:28

Receipt Acknowledged By:

03/24/2006 15:07 /es/ KAREN BELL, CRNP

TITLE: PRIMARY CARE -NURSE

DATE OF NOTE: MAR 24, 2006@11:53

AUTHOR: LEWIS, FRANCES P

URGENCY:

ENTRY DATE: MAR 24, 2006@11:53:59

EXP COSIGNER:

STATUS: COMPLETED

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*** PRIMARY CARE -NURSE Has ADDENDA ***

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Subjective: Patient is here for an unscheduled appointment to be seen by provider thru LSU see LSU nurses note. Patient states I have had a cold for 3 weeks with runny nose and coughing up yellowish phlegm up until this morning I started coughing up blood.

Allergies: MUSHROOMS, TYPHOID VACCINE

BP: 123/69 (03/24/2006 10:52)
 T: 98.4 F [36.9 C] (03/24/2006 10:52)
 P: 88 (03/24/2006 10:52)
 R: 18 (03/24/2006 10:52)
 WT: 209 lb [95.0 kg] (03/24/2006 10:52)
 HT: 74 in [188.0 cm] (03/22/2006 03:50)
 PAIN: 10 (03/24/2006 10:52)

Comments: Patient alert, oriented, respirations regular with ease, ambulatory.

Clinical Reminder(s)/

N-ALCOHOL SCREEN:

Patient has consumed alcohol during the last 12 months. AUDIT required

AUDIT (Alcohol Use Disorder Identification Test) Questionnaire

An alcohol screening test (AUDIT) was negative (score=2).

N-DEPRESSION SCREENING:

Depression Screen

Result of Exam: Normal

Provider notified of results Yes

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

N-TB SCREEN:

Admission Date:

Visit Date: 03/24/06 11:11

Purpose of Screening: Annual If Other, please comment:

Signs and Symptoms: Cough Greater Than 3 Weeks|Coughing Up Blood|Night Sweats|Loss of Appetite

High Risk History (Please indicate any identified positive factors by checking the appropriate boxes below): No High Risk History Found

* Patients who fall into one of these groups that are identified

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as high risk or have positive signs & symptoms, should receive PPD skin test if previously negative PPD history.

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** Patients who do not fall into these groups are at low risk and should not be targeted for routine testing.

PPD Skin Test History (If Done):

Date of last PPD: D/M/Y

Results (mm):

If test positive, prophylaxis? No

Comments:

Hx of TB disease: NO

Treatment: N/A

Dates given: D/M/Y

D/M/Y

D/M/Y

N-FLU SHOT:

Patient indicated flu shot was received at another facility.

Date: October 25, 2005

Location: Montgomery, AL

Comment: Here-see nurses note 10/25/05

Plan: Will refer above to provider.

/es/ FRANCES LEWIS

LPN

Signed: 03/24/2006 12:12

03/24/2006 ADDENDUM

STATUS: COMPLETED

Patient sent to x-ray department to get chest x-ray done.

/es/ FRANCES LEWIS

LPN

Signed: 03/24/2006 12:32

TITLE: LSU NURSING MISCELLANEOUS NOTE

DATE OF NOTE: MAR 24, 2006@11:07

ENTRY DATE: MAR 24, 2006@11:07:57

AUTHOR: CLAXTON, CYNTHIA R

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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Speaking in full lengthy sentences. Occasional dry cough. No bleeding since gargling with "vinegar and salt water this morning." Urine specimen, yellow, to the lab. Refer to Primary care. **527**

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 03/24/2006 11:09

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
DATE OF NOTE: MAR 24, 2006@11:06 ENTRY DATE: MAR 24, 2006@11:06:06
AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

- () No Pain
(X) Acute Pain Initial Assessment
() Chronic Pain Assessment

Type Pain Scale Used: Numeric Rating Scale (NRS)

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 10
2. LOCATION OF PAIN: throat
3. ONSET: Mar 22, 2006
4. DIAGNOSIS pertinent to pain: sore throat
5. FREQUENCY and pattern of pain:
 - (X) Constant
 - () Intermittent
 - () With Movement
 - () Other (Specify):
6. INTENSITY of pain:
 - Worst pain level in last month: 10
 - Least pain level in last month: 0
 - Patient pain level intensity goal:
7. QUALITY how does patient describe pain?
 - () Shooting
 - () Stabbing

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- ☐ Sharp
- ☒ Aching
- ☐ Burning
- ☐ Throbbing
- ☐ Radiating
- ☐ Dull
- ☐ Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- ☐ Movement
- ☐ ADL's
- ☐ Stress
- ☐ Treatments
- ☐ Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

- ☐ Rest
- ☐ Sleep
- ☐ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☒ Other (Specify): 0

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list): Amoxicillin
 Non-Pharmacological interventions:
 Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☒ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

13. EDUCATION related to pain management provided:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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If YES, did patient verbalize understanding:

529**14: PLAN OF CARE:**

- a. Goal (list): pain/infection control
- b. Intervention (list): Refer to Primary care
- c. Evaluation/Effectiveness: Documented in BCMA/CPRS.
- d. Refer to provider for treatment/interventions

/es/ CYNTHIA R. CLAXTON

RN, BSN

Signed: 03/24/2006 11:07

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: MAR 24, 2006@10:56

ENTRY DATE: MAR 24, 2006@10:56:14

AUTHOR: CLAXTON, CYNTHIA R

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Name: WORKS, TYRON

SSN: 419-08-7667

Age: 34

Gender: MALE

Vital Signs taken: YES

Temperature: 98.4 F [36.9 C] (03/24/2006 10:52)

Pulse: 88 (03/24/2006 10:52)

Respiration: 18 (03/24/2006 10:52)

B/P: 123/69 (03/24/2006 10:52)

Pain: 10 (03/24/2006 10:52)

Height: 74 in [188.0 cm] (03/22/2006 03:50)

Weight: 209 lb [95.0 kg] (03/24/2006 10:52)

Pulse OX: 98

Mode of arrival: AMBULATORY

If OTHER, please state:

Chief Complaint:

Alert, oriented x3, skin warm and dry; resp regular and with ease. States that he has been coughing up blood and blood tinged sputum this morning after gargling. Brought up about three teaspoonsful of blood. States that the back of his tongue feels slightly swollen and that his throat is very sore. Presents with a towel wrapped loosely around his neck, holding his head in his hands. Reports a dry frequent cough. Reports urine being reddish/orange. Started on Amoxicillin on the 22nd. Refer to Primary care. Urine specimen

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to the lab.

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Patient given emergent care prior to arrival: NO

If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? YES

If YES, please state:

Was it effective? NO

If YES, please state:

Last Tetanus:

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE

Herbals:

OTC Medicines:

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
=====	=====
1) AMOXICILLIN 250MG (AMOXIL) CAP TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY FOR INFECTION UNTIL ALL GONE DISPENSED FROM ACUTE CARE CLINIC	ACTIVE

Triage Category:

Non Urgent

Disposition to:

Primary Care Team: Yellow Team

Other:

/es/ CYNTHIA R. CLAXTON

RN, BSN

Signed: 03/24/2006 11:00

TITLE: LSU NURSING DISPOSITION NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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DATE OF NOTE: MAR 22, 2006@04:20 ENTRY DATE: MAR 22, 2006@04:20:04 **531**
AUTHOR: CAGLE, DEBRA D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON
SSN: 419-08-7667
DOB: FEB 6, 1972

1. Discharge Diagnosis: COUGH,
2. Disposition:
☒ Follow up clinic appointment. Clinic name: YELLOW TEAM
☐ Consult to:
☐ Admitted to inpatient unit:
☐ Other:
☐ Left AMA
Comments:
3. Nursing interventions given in LSU: AMOXIL 250MG I PO TID RX
4. After-care sheet given: DOSAGE SHEET FOR AMOXIL
[X] yes, Sheet Title:
[] no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: [X] yes [] no
Family member/significant other present: WIFE
6. Condition: [] improved
[X] satisfactory
[] unchanged
[] worse

Comments:

ALL DC INSTRUCTIONS WERE GIVEN IN WRITING TO PATIENTS UNDERSTANDING, WILL F/U WITH PCP, RETURN IF CONDIITON WORSENS. DDC, RN, MSN, CNS

{Attending LSU physician to co-sign this note!}

/es/ DEBRA D CAGLE
RN, STAFF NURSE
Signed: 03/22/2006 04:23

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
 DATE OF NOTE: MAR 22, 2006@04:16 ENTRY DATE: MAR 22, 2006@04:16:57
 AUTHOR: CAGLE, DEBRA D EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

TAKE ALL ANTIBIOTIC UNTIL COMPLETED

() No change since last visit.

1. Learning Abilities: Reads, Writes

If other specify:

2. Readiness to Learn: Receptive

3. Barriers to Learning: Select items from the listing below that best describes barriers to learning. If there are no barriers, Select None. None

4. Translator required: NO

(contact the hospital operator)

5. Learning Preferences: Direct Teaching

5. Learning Needs: () Diagnosis () Safety
 (X) Medications () Self Care
 () Activity () Treatments
 () Tests () Surgery
 () Nutrition

Please make specific comments on any learning needs:

RE: IMPORTANCE OF TAKING ALL ANTIBIOTICS

6. (X) Patient's or

() Significant others highest grade completed:

College Degree

Comments:

7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.

a. Plan of care treatment and services., b. Basic health practice and safety.

8. Outcome: (Click on each one that applies)

Verbalized understanding

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

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10. General Equipment Training Certification:
Type of Equipment:
Serial Number:

Name of Person Receiving Orientation: PATIENT, TYRON WORKS

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment: ALL EDU. MATERIAL WAS GIVEN IN WRITING TO PATIENTS UNDERSTANDING

/es/ DEBRA D CAGLE

RN, STAFF NURSE

Signed: 03/22/2006 04:19

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD

DATE OF NOTE: MAR 22, 2006@04:13

ENTRY DATE: MAR 22, 2006@04:13:12

AUTHOR: CAGLE, DEBRA D

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Name: WORKS, TYRON

SSN: 419-08-7667

() No Pain

(X) Acute Pain Initial Assessment

() Chronic Pain Assessment

Type Pain Scale Used: Numeric Rating Scale (NRS)

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 2

2. LOCATION OF PAIN: GENERALIZED ACHINESS

3. ONSET: Mar 20, 2006

4. DIAGNOSIS pertinent to pain: R/O FLU, VIRUS

5. FREQUENCY and pattern of pain:

() Constant

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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- (X) Intermittent
 () With Movement
 () Other (Specify):

6. INTENSITY of pain:

Worst pain level in last month: 5
 Least pain level in last month: 0
 Patient pain level intensity goal: 0

7. QUALITY how does patient describe pain?

- () Shooting
 () Stabbing
 () Sharp
 (X) Aching
 () Burning
 () Throbbing
 () Radiating
 () Dull
 () Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- (X) Movement
 () ADL's
 () Stress
 () Treatments
 () Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

- (X) Rest
 () Sleep
 () Repositioning
 () Eating
 () Massage
 (X) Heat
 () Cold
 () Exercise
 () Other (Specify):

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list): SEE CPRS

Non-Pharmacological interventions: SUDAFER ROBITUSSIN

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- () Sleep
 () Mood
 (X) General Activity
 () Nutrition

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- () Elimination
- () Normal Work
- () Ability to Concentrate
- () Social Interaction
- () Self Image
- () Sexuality
- () Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

I FEEL LIKE IVE GOT THE FLU

13. EDUCATION related to pain management provided: YES

If YES, did patient verbalize understanding: YES

14. PLAN OF CARE:

- a. Goal (list): PATIENTS GOAL IS TO BE PAIN FREE
- b. Intervention (list): AMOXIL 250MG I PO TID
- c. Evaluation/Effectiveness: Documented in BCMA/CPRS.
- d. Refer to provider for treatment/interventions

/es/ DEBRA D CAGLE

RN, STAFF NURSE

Signed: 03/22/2006 04:16

TITLE: LSU PHYSICIAN NOTE

DATE OF NOTE: MAR 22, 2006@04:05

ENTRY DATE: MAR 22, 2006@04:05:37

AUTHOR: BOYD, BILLY W

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU PHYSICIAN NOTE Has ADDENDA ***

S: veteran c/o flu like symptoms; sore throat, cough, aching

O: alert. afebrile. VS stable. Lungs- fairly clear. Heart- reg rate and rhythm.

Abd- soft. Throat- red

A: flu; ? strep pharyngitis

P: rest, fluids, and tylenol for the flu; amoxil 250 mg po tid for possible strep throat. Followup with PCP and team. Note written for school and work.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 03/22/2006 04:08

03/22/2006 ADDENDUM

STATUS: COMPLETED

I have reviewed the nursing assessment and agree with it.

/es/ BILLY W BOYD

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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MD, LSU PHYSICIAN
Signed: 03/22/2006 04:09

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TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: MAR 22, 2006@03:51 ENTRY DATE: MAR 22, 2006@03:51:03
AUTHOR: CAGLE, DEBRA D EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON
SSN: 419-08-7667
Age: 34
Gender: MALE

Vital Signs taken: YES

Temperature: 98.9 F [37.2 C] (03/22/2006 03:50)
Pulse: 74 (03/22/2006 03:50)
Respiration: 18 (03/22/2006 03:50)
B/P: 150/64 (03/22/2006 03:50)
Pain: 1 (03/22/2006 03:50)
Height: 74 in [188.0 cm] (03/22/2006 03:50)
Weight: 205 lb [93.2 kg] (03/22/2006 03:50)

Pulse OX: 98

Mode of arrival: AMBULATORY
If OTHER, please state:

Chief Complaint:
FLU LIKE SYMPTOMS

Patient given emergent care prior to arrival: NO
If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? NO
If YES, please state:

Was it effective? NO
If YES, please state:

Last Tetanus:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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YES

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Immunization:

YES

NO

Allergies: MUSHROOMS, TYPHOID VACCINE

Herbals:

NONE

OTC Medicines:

ROBITUSSIN, SUDAFED

Active Medications: Active Outpatient Medications (including Supplies):

No Medications Found

Triage Category:

Non Urgent

Disposition to:

Primary Care Team: LSU

Other:

MD HERE TO EVALUATE

/es/ DEBRA D CAGLE

RN, STAFF NURSE

Signed: 03/22/2006 03:55

TITLE: C&P NURSE NOTE

DATE OF NOTE: JAN 03, 2006@09:33

ENTRY DATE: JAN 03, 2006@09:33:21

AUTHOR: HUGHES, KIMBLEY

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

S/O: Veteran here for Compensation and Pension examination.

Allergies/ Adverse Reactions: MUSHROOMS, TYPHOID VACCINE

Dominant hand: () Left (X) Right

Current medications: Active Outpatient Medications (including Supplies):

Active Outpatient Medications

Status

- | | Active Outpatient Medications | Status |
|----|--|--------|
| 1) | FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION | ACTIVE |
| 2) | SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH) | ACTIVE |

Plus Dr. Pinchback, Orthopedic Surgeon, Dr. Arrellani, Cardiologist

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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prescribes following medications

1. Skelexin 800mg TID
2. Hydroco/APAP 5-500MG 1-2 TAB EVERY 4 HOURS AS NEEDED FOR PAIN
3. Diliaz ER (CD)120/24 CAP 1 CAP EVERY DAY
4. Ecotrin 325mg 1 tab EVERY DAY
5. Protonix 40mg 1 tab EVERY DAY
6. Serevent Diskus 50mcg 1 puff EVERY 12 HOURS
7. Aerobid-M 2 PUFFS TWICE A DAY
8. Albuterol as needed.

Snellen's Test: N/A

VS obtained.

BP: 110/45 (01/03/2006 09:37)

T: 98.1 F [36.7 C] (01/03/2006 09:37)

P: 78 (01/03/2006 09:37)

R: 18 (01/03/2006 09:37)

WT: 215.4 lb [97.9 kg] (01/03/2006 09:37)

HT: 72 in [182.9 cm] (01/03/2006 09:37)

PAIN: 0 (01/03/2006 09:37)

NAD noted at this time. Right knee brace intact.

C-file available for review? (X) YES () NO

Intervention/Education: Advised final decision on claim would be sent from VARO when completed with stated understanding.

Plan: Refer to Provider for exam.

/es/ KIMBLEY HUGHES

LPN

Signed: 01/03/2006 10:09

TITLE: LSU PHYSICIAN NOTE

DATE OF NOTE: OCT 25, 2005@16:01

ENTRY DATE: OCT 25, 2005@16:01:48

AUTHOR: BOYD,BILLY W

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU PHYSICIAN NOTE Has ADDENDA ***

S: c/o chest tightness, worse with deep inspiration. Located left chest; no nausea, vomiting, or diaphoresis. In NAD.

O: alert; afebrile. VS stable. Lungs- clear. Heart- reg rate and rhythm. Abd-

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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soft. ECG--> WNL. CXR--> WNL.

A: chest wall pain; doubt cardiac

P: indocin 25 mg po tid meals. Followup with PCP and team.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 10/25/2005 16:03

10/25/2005 ADDENDUM

STATUS: COMPLETED

I have reviewed the nursing assessment and agree with it.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 10/25/2005 16:04

TITLE: PRIMARY CARE -NURSE

DATE OF NOTE: OCT 25, 2005@14:59

ENTRY DATE: OCT 25, 2005@14:59:33

AUTHOR: LEWIS, FRANCES P

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** PRIMARY CARE -NURSE Has ADDENDA ***

Subjective: Patient is here for an unscheduled appointment to be seen by provider thru LSU see LSU nurses note. Patient states my chest pain is an 8 at present. Patient denies any heavy lifting or strenuous activity.

Allergies: MUSHROOMS, TYPHOID VACCINE

BP: 122/69 (03/30/2005 08:57)

T: 98.2 F [36.8 C] (03/30/2005 08:57)

P: 80 (03/30/2005 08:57)

R: 18 (03/30/2005 08:57)

WT: 201 lb [91.4 kg] (03/30/2005 08:57)

HT: 72 in [182.9 cm] (03/30/2005 08:57)

PAIN: 9 (03/30/2005 08:57)

Comments: Patient alert, oriented, respirations regular with ease, ambulatory, patient brought a tracing copy of ekg and copy given to provider to review.

Clinical Reminder(s)/

N-DEPRESSION SCREENING:

In the past month has the patient been feeling down, depressed, or helpless?

Comment: No

In the past month, has patient had little interest or pleasure in things?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Comment: No
 Depression Screen
 Result of Exam: Normal
 Provider notified of results Yes
 N-Tobacco Screen/Cessation:
 Patient is a Lifetime non-tobacco user
 N-FLU SHOT:
 Documentation of flu shot
 Patient denies allergy to eggs. Patient denies prior influenza vaccine this flu season. Flu shot given by standing order.
 Comment: Shot given 0.5 ml IM without difficulty
 Flu shot vaccine lot # U1814AA.
 Injection site
 Injection site: Left arm
 Lot Number used for injection
 Lot number: Aventis Pasteur Inc., EXP-30JUN06
 Manufacturer

Plan: Patient was sent to x-ray dept to get chest x-ray done and was instructed to see the RN for an pain assessment after coming from x-ray and shown where to go and patient said ok. Will refer above to provider.

/es/ FRANCES LEWIS
 LPN
 Signed: 10/25/2005 15:20

Receipt Acknowledged By:
 10/25/2005 17:09 /es/ KAREN BELL, CRNP

10/25/2005 ADDENDUM STATUS: COMPLETED
 Veteran escort back to LSU per orders of provider, K Bell CRNP.
 Veteran continues to complaint of chest pain.

/es/ VALERIE A. DUBOSE
 RN
 Signed: 10/25/2005 16:15

10/25/2005 ADDENDUM STATUS: COMPLETED
 ekg viewed; Ms. Dubose approached me w/concern that pt was still having chest pain and was sitting in the waiting area. Talked w/Dr. Witter after talking w/pt. Pt stated pain in chest did not feel like chest wall pain, but like pain when he was admitted to hospital and dx w/atrial fib. Talked w/LSU physician an pt will return to LSU for evaluation. Walk in w/my clinic cancelled.

/es/ KAREN BELL, CRNP
 Signed: 10/25/2005 17:09

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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TITLE: EKG
DATE OF NOTE: OCT 25, 2005@14:32:34 ENTRY DATE: OCT 25, 2005@14:32:34
AUTHOR: HENDERSON, SHEILA V EXP COSIGNER:
URGENCY: STATUS: COMPLETED

EKG DONE 1427

/es/ SHEILA V HENDERSON

Signed: 10/25/2005 14:32

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
DATE OF NOTE: OCT 25, 2005@14:30 ENTRY DATE: OCT 25, 2005@14:30:53
AUTHOR: SPRING, MARY G EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON
SSN: 419-08-7667

- () No Pain
(X) Acute Pain Initial Assessment
() Chronic Pain Assessment

Type Pain Scale Used: Numeric Rating Scale (NRS)

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 8
2. LOCATION OF PAIN: CHEST
3. ONSET: YESTERDAY
4. DIAGNOSIS pertinent to pain: CHEST TIGHTNESS
5. FREQUENCY and pattern of pain:
(X) Constant
() Intermittent
() With Movement
() Other (Specify):
6. INTENSITY of pain:
Worst pain level in last month: 8
Least pain level in last month: 0
Patient pain level intensity goal: 0

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
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Progress Note

Printed On Oct 19, 2006

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7. QUALITY how does patient describe pain?

- ☐ Shooting
- ☐ Stabbing
- ☐ Sharp
- ☐ Aching
- ☐ Burning
- ☐ Throbbing
- ☐ Radiating
- ☐ Dull
- ☒ Other (Specify): SQUEEZING

8. EXACERBATING FACTORS (What causes pain to increase?):

- ☐ Movement
- ☐ ADL's
- ☐ Stress
- ☐ Treatments
- ☐ Other (Specify): NONE

9. ALLEVIATING FACTORS (What relieves pain?):

- ☐ Rest
- ☐ Sleep
- ☐ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☐ Other (Specify): NONE

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list): SEE CPRS

Non-Pharmacological interventions:

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☐ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Use patient's own words (List):

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13. EDUCATION related to pain management provided: YES
If YES, did patient verbalize understanding: YES

14. PLAN OF CARE:

- a. Goal (list): REFER TO PCP
- b. Intervention (list):
- c. Evaluation/Effectiveness: Documented in BCMA/CPRS.
- d. Refer to provider for treatment/interventions

/es/ MARY G SPRING

RN

Signed: 10/25/2005 14:31

TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: OCT 25, 2005@14:17

ENTRY DATE: OCT 25, 2005@14:17:12

AUTHOR: SPRING, MARY G

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Patient Name: WORKS, TYRON

SSN: 419-08-7667

Age: 33

Gender: MALE

Vital Signs taken: YES

Temperature: 98.2 F [36.8 C] (03/30/2005 08:57)

Pulse: 80 (03/30/2005 08:57)

Respiration: 18 (03/30/2005 08:57)

B/P: 122/69 (03/30/2005 08:57)

Pain: 9 (03/30/2005 08:57)

Height: 72 in [182.9 cm] (03/30/2005 08:57)

Weight: 201 lb [91.4 kg] (03/30/2005 08:57)

Pulse OX: 98%

Mode of arrival: AMBULATORY

If OTHER, please state:

Chief Complaint:

VETERAN C/O CHEST TIGHTNESS, DESCRIBES AS SQUEEZING FEELING WHICH IS WORSE WITH DEEP INSPIRATION. SYMPTOMS BEGAN LAST NIGHT WITH PAIN LEFT SHOULDER AND IS NOW IN CHEST AREA. EKG COMPLETED AND REVIEWED PER LSU PHYSICIAN, DR. DAUGHERTY, NORMAL SINUS RHYTHM. VETERAN CLEARED TO BE SEEN BY PCP.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Patient given emergent care prior to arrival: NO
If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? NO
If YES, please state:

Was it effective? NO
If YES, please state:

Last Tetanus:

Immunization:
Flu vaccine
Pneumonia vaccine

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:NONE

OTC Medicines:ECOTRIN

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) FLUNISOLIDE (NASALIDE) NASAL INHALER USE 2 PUFFS EACH NOSTRIL TWICE A DAY FOR CONGESTION	ACTIVE
2) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE

Triage Category:
Non Urgent

Disposition to:
Primary Care Team: LSU
Other:

/es/ MARY G SPRING
RN

Signed: 10/25/2005 14:30

TITLE: C&P NURSE NOTE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Progress Note

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DATE OF NOTE: MAR 30, 2005@08:55 ENTRY DATE: MAR 30, 2005@08:55:29
 AUTHOR: HUGHES, KIMBLEY EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

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S/O: Veteran here for Compensation and Pension examination.

Allergies/ Adverse Reactions: MUSHROOMS, TYPHOID VACCINE

Dominant hand: () Left (x) Right

Current medications: See VA profile + Dr. Arelleno, Cardiologist & Dr. Pinchback, Orthopedic surgeon in Montgomery, AL

1. Protonix 40mg
2. Cardizem CD 120mg
3. Hydroco/APAPS 5/500mg (Vicodin)
4. Skelaxin 800mg
5. Ecotrin 325mg
6. Albuterol Aerobid

Snellen's Test: W/O GLASSES OS 20/20 OD 20/20

VS obtained. Blood Pressure readings as followed:

	SITTING	LYING	STANDING
BLOOD/PRESSURE	122/69	126/54	123/71
PULSE	80	72	83

Pain Level: 9 (03/30/2005 08:57) "LOWER BACK"

Patient Height: 72 in [182.9 cm] (03/30/2005 08:57)

Patient Weight: 201 lb [91.4 kg] (03/30/2005 08:57)

Patient Respiration: 18 (03/30/2005 08:57)

Patient Temperature: 98.2 F [36.8 C] (03/30/2005 08:57)

NAD noted at this time. Walker aid. Left knee & back braces intact.

C-file available for review? () YES (x) NO

Intervention/Education: Advised final decision on claim would be sent from VARO when completed with stated understanding.

Plan: Refer to Provider for exam.

/es/ KIMBLEY HUGHES

LPN

Signed: 03/30/2005 09:07

TITLE: PC-NURSING EXIT INTERVIEW

DATE OF NOTE: FEB 03, 2005@12:02 ENTRY DATE: FEB 03, 2005@12:02:40

AUTHOR: SWEENEY, ARTHUREAN EXP COSIGNER:

URGENCY: STATUS: COMPLETED

Name: WORKS, TYRON

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
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SSN: 419-08-7667

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1. Do you understand what the provider wants you to do concerning your medical condition. Yes (x) No ()
2. Do you understand your medical condition, your test and lab reports, reasons for procedures, medication and side effects? Yes (x) No ()
3. Do you know what to do if your condition get worse? Yes (x) No ()
4. Do you feel that you were involved in decision making about your care? Yes (x) No ()
5. Is there anything more that you want to know about your condition or treatment plan? Yes () No (x)

6. Other Comments:

Veteran verbalized understanding of provider treatment plan today.

/es/ AR THEREAN SWEENEY

REGISTERED NURSE

Signed: 02/03/2005 12:03

TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
DATE OF NOTE: FEB 03, 2005@11:57 ENTRY DATE: FEB 03, 2005@11:57:09
AUTHOR: SWEENEY, AR THEREAN EXP COSIGNER:
URGENCY: STATUS: COMPLETED

CENTRAL ALABAMA VETERANS HEALTH CARE SYSTEMS

Name: WORKS, TYRON SSN: 419-08-7667

Initial Assessment (x)

Reassessment ()

1. Pain Rating: 0 =No Pain 10= Greatest Pain [7]
2. Are you currently receiving treatment for:
() Arthritis () Diabetic Neuropathy
() Lower Back Disorders () Herpes Zoster(shingles)
() Leg Cramps () Headaches
() Other Chronic pain condition (list)
Veteran states back pain for years.
3. Where is your pain? (list)

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
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Worst in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 (x) 10
 Least in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 (x) 7 () 8 () 9 () 10
 Average in last month: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 (x) 8 () 9 () 10
 Right Now: () 0 () 1 () 2 () 3 () 4 () 5
 () 6 (x) 7 () 8 () 9 () 10
 Patient pain intensity goal: (x) 0 () 1 () 2 () 3 () 4 () 5
 () 6 () 7 () 8 () 9 () 10

547**QUALITY:****Frequency:**

Throbbing (y)	Stabbing (n)	Continual (y)
Sharp (n)	Burning (n)	Intermittent (.)
Dull (n)	Aching (n)	With Movement ()
Shooting (n)	Radiating (n)	Less than Daily ()
Numb (n)	Other:	Daily x's

OTHER INDICATORS:

Anxiety ()	Facial Expression ()
Irritability ()	Restlessness ()
Withdrawal ()	Guarding Behavior ()

EXACERBATING FACTORS:

Movement (y)
 ADL's (y)
 Stress ()
 Treatments ()
 Others:

ALLEVIATING FACTORS:

Medication (y)	Imagery ()
Position (y)	Relaxation ()
Heat (y)	Activity ()
Cold (y)	Describe:

Current Treatment or Medication/Treatment Efficiency 10 = Most Effective

1. Veteran states taking Non VA medications/ "somewhat effective."
- 2.
- 3.

*****THE FOLLOWING SECTION IS FOR CHRONIC PAIN ONLY****

Pain Interference: 0-does not interfere 10-Completely interferes
 3-sleep

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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General activity ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 (x)10
 Mood ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 (x)10
 Normal Work ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 (x)10
 Ability to
 Concentrate: ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Relations with
 other people ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 (x)8 ()9 ()10
 Enjoyment of life (x)0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 ()10
 Sleep ()0 ()1 ()2 ()3 ()4 ()5
 ()6 ()7 ()8 ()9 (x)10

Plan of Care/Change required ()yes ()No
 Action:
 Refer to provider/Veteran seen by provider today.
 Action:

Provider notified (x)Yes ()No
 Return Visit Schedule (x)Yes ()No
 Medication for pain ordered (x)Yes ()No
 Non-pharmacological treatment type:
 Referral to Pain Management Program:
 ()Yes ()No
 Education related to pain management:
 ()Yes ()No
 If yes, patient verbalized understanding:
 ()Yes ()No

/es/ ARTHUREAN SWEENEY
 REGISTERED NURSE
 Signed: 02/03/2005 12:02

Receipt Acknowledged By:
 02/04/2005 07:29 /es/ KAREN BELL, CRNP

TITLE: NURSE PRACTITIONER GENERAL NOTE
 DATE OF NOTE: FEB 03, 2005@11:23 ENTRY DATE: FEB 03, 2005@11:23:41
 AUTHOR: BELL, KAREN J EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

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*** NURSE PRACTITIONER GENERAL NOTE Has ADDENDA ***

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In for f/u. States not using serevent or nasalide daily. States was sent a year's supply at one time and still has some, but not using it regularly. Ventolin inhaler the same. Cold symptoms about a month ago which did resolve but pt continues to have a non-productive cough. Went to hospital in sep for chest pain and was dx w/atrial fib; put on cardizem and ecotrin and protonix. Scheduled for back surgery next wk.

(o) A&O x 3: wdown AA male nad
nursing assessment reviewed and agreed with
heart: RRR; no murmur auscultated
lungs: occasional non-productive cough: lungs CTA: good bilateral breath sounds and good chest expansion; no rales or rhonchi auscultated
extrem: no cyanosis or edema
abd: soft; nt/nd
MS: sits teepee style supporting weight w/extended arms

(a) back pain
chronic cough
hx asthma
non-compliance w/asthma medication

(p) reorder medications
stop zantac: using protonix from pmd
referred to optometry
waiting for pharmacy call concerning medications: will pick up at window tomorrow
rtc 5-6 mo w/dietary appt

Clinical Reminder(s) /

C-Clinician Pain Plan of Care:

NEW PAIN PLAN OF CARE

Comment related to Pain Plan of Care: on ultram; scheduled for back surgery next wk and surgeon had discontinued med from here, gave pt rx for another medication.

/es/ KAREN BELL, CRNP

Signed: 02/03/2005 11:56

02/03/2005 ADDENDUM

STATUS: COMPLETED

serevent order entered by pharmacy; pt will pick up at window tomorrow

/es/ KAREN BELL, CRNP

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Signed: 02/03/2005 16:41

TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
 DATE OF NOTE: FEB 03, 2005@11:17 ENTRY DATE: FEB 03, 2005@11:17:42
 AUTHOR: LEWIS, FRANCES P EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

() No change since last visit.

1. Learning Abilities: Reads, Writes

2. Readiness to Learn: Receptive

3. Barriers to Learning: Select items from the listing below that best describes barriers to learning. If there are no barriers, Select None. None

4. Translator required: No

5. Learning Preferences: Other-Doing

5. Learning Needs: () Diagnosis () Safety
 (X) Medications (X) Self Care
 (X) Activity () Treatments
 () Tests () Surgery
 (X) Nutrition

Please make specific comments on any learning needs:

6. (X) Patient's or
 () Significant others highest grade completed:
 Other

Comments: "I completed 3 years of college".

7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.
 k. Other-Responsibility of own health and care

Discussed and patient encouraged to exercise 30 min 3-4 times weekly to lose and maintain weight control; helps to relieve stress and pain; helps to

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strengthen lungs; helps to prevent disease processes such as htn, high cholesterol level, diabetes and heart. Discussed: weight reduction; taking medications as prescribed. Encouraged to eat balance meals. Writer verbally demonstrated correct usage of oral inhaler and patient returned correct usage verbally. **551**

8. Outcome: (Click on each one that applies)

Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

10. General Equipment Training Certification:

Type of Equipment:

Serial Number:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment:

/es/ FRANCES LEWIS

LPN

Signed: 02/03/2005 14:14

Receipt Acknowledged By:

02/04/2005 07:26 /es/ KAREN BELL, CRNP

TITLE: PC NURSING SCREENING NOTE

DATE OF NOTE: FEB 03, 2005@10:55

ENTRY DATE: FEB 03, 2005@10:55:23

AUTHOR: LEWIS, FRANCES P

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

WORKS, TYRON 32
419-08-7667

SUBJECTIVE: Patient states I am having back pain and pain is a 7 at present, I have been off work since 11/2004 and is under Dr. Pinchback care and was started on physical therapy in 12/2004 and I brought my medical record from him and I am scheduled to have a fusion back surgery 2/8/2005 at Baptist; I had a cold in

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which I did get over it but since I have had a none productive cough for 1 months that I can not get rib of; would like to get consult for eye exam to 4 months after surgery if possible. **552**

123/64 (02/03/2005 10:51)63 (02/03/2005 10:51)20 (02/03/2005 10:51)97.5 F [36.4 C] (02/03/2005 10:51)

PAIN:7 (02/03/2005 10:51)

Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) RANITIDINE HCL 150MG (ZANTAC) TAB TAKE ONE TABLET BY MOUTH EVERY DAY FOR STOMACH WITH FOOD FOR STOMACH	ACTIVE
2) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	ACTIVE

OTC Medicines: Aspirin 1 daily

Non VA Medications: Celebrex, Skelaxin, Darvocet, Cardizem, Ecotrin, Protonix

Herbals: None

Allergies: MUSHROOMS, TYPHOID VACCINE

Nutritional Screening:

- BMI >27 Yes-28
- BMI <21 No
- Unintentional weight loss/gain of 5 pounds or more in the past month No
- Follow-up nutrition education needed. Yes
- Nutrition education by dietitian documented for obesity, hypertension, diabetes mellitus, elevated cholesterol, etc. within the past 24 months. Yes

EXERCISE SCREEN:MILD

Comments: "No routine exercising due to back".

Assessment: Patient alert, oriented, respirations regular with ease, ambulatory. None productive cough at intervals.

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Clinical Reminder(s)/

N-ALCOHOL SCREEN:

Patient has consumed alcohol during the last 12 months. AUDIT required

AUDIT (Alcohol Use Disorder Identification Test) Questionnaire

An alcohol screening test (AUDIT) was negative (score=2).

N-Tobacco Screen/Cessation:

Patient is a Lifetime non-tobacco user

N-TB SCREEN:

Admission Date:

Visit Date: 02/03/05 11:00

Purpose of Screening:

Signs and Symptoms:

High Risk History (Please indicate any identified positive factors by checking the appropriate boxes below):

* Patients who fall into one of these groups that are identified as high risk or have positive signs & symptoms, should receive PPD skin test if previously negative PPD history.

** Patients who do not fall into these groups are at low risk and should not be targeted for routine testing.

PPD Skin Test History (If Done):

Date of last PPD:

If test positive, prophylaxis?

Hx of TB disease:

Treatment:

Dates given:

N-FLU SHOT:

Patient refused Influenza Immunization at this encounter.

Comment: Shot offered

Plan: Will refer above to provider.

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/es/ FRANCES LEWIS
LPN
Signed: 02/03/2005 11:17

TITLE: IMAGE OF EMG
DATE OF NOTE: JAN 28, 2005@15:53 ENTRY DATE: JAN 28, 2005@15:53:53
AUTHOR: JACKSON, PAULA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PLEASE VIEW IMAGE BY SELECTING, UNDER CPRS TOOLS MENU,
VISTA IMAGING DISPLAY.

/es/ PAULA R. JACKSON
PATIENTS'
Signed: 01/28/2005 15:54

TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE
DATE OF NOTE: JAN 13, 2005@13:42:53 ENTRY DATE: JAN 13, 2005@13:42:53
AUTHOR: MOORE, CARL JR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Physical Therapy Daily Note

Name: WORKS, TYRON
SSN: 419-08-7667
Date: 1/13/2005
DX: LOWBACK PAIN
Treatment Provided:

- () Initial Evaluation
- () Discharged evaluation
- () Interim evaluation
- () Gait training - 15 min
- () Home visit
- (X) Hot pack TO LOWBACK
- () Hubbard tank- 15 min - temp 98-100F
- () Whirlpool-temp 98-100F
- () Joint mobilization
- () Neuromuscular -15 min
- () Orthotic (checkout list) -15 min
- () Vasopneumatic devices
- () Prosthetic training -15 min

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
MONTGOMERY, ALABAMA 36109
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Progress Note

Printed On Oct 19, 2006

- () Self care training -15 min
- () Telephone calls
- () Patient counseling/ coordinating care
- () Family education
- (X) Documentation
- () Biofeedback
- () Cold pack
- () Conference
- (X) Electrical stimulation -15 min LOWBACK
- () Therapeutic exercise -15 min
- () Mechanical traction
- (X) Massage-15 min
- () Diathermy
- (X) Ultrasound -15 min LOWBACK
- () Paraffin
- () Fluidotherapy
- () TENS
- () Wound care
- () Debridement
- () Neuromuscular -15 min
- () Reeducation

555**Patient's Response to Treatment:**

- (X) Tolerated treatment well
- () C/O:

Treatment Time:

- () 15 Min. () 45 Min.
- () 30 Min. (X) 60 Min.

/es/ CARL MOORE JR

REGISTERED PHYSICAL THERAPIST

Signed: 01/13/2005 13:43

TITLE: IMAGE OF NON-VA HISTORY & PHYSICAL

DATE OF NOTE: JAN 12, 2005@13:43

ENTRY DATE: MAY 15, 2006@13:44:31

AUTHOR: JACKSON, PAULA R

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PLEASE VIEW IMAGE BY SELECTING, UNDER CPRS TOOLS MENU,
VISTA IMAGING DISPLAY.

/es/ PAULA R. JACKSON

PATIENTS'

Signed: 05/15/2006 13:45

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE
 DATE OF NOTE: JAN 11, 2005@14:26:03 ENTRY DATE: JAN 11, 2005@14:26:03
 AUTHOR: MOORE,CARL JR EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

Physical Therapy Daily Note

Name: WORKS, TYRON
 SSN: 419-08-7667
 Date: 1/11/2005
 DX: LOWBACK PAIN
 Treatment Provided:

- () Initial Evaluation
- () Discharged evaluation
- () Interim evaluation
- () Gait training - 15 min
- () Home visit
- (X) Hot pack TO LOWBACK
- () Hubbard tank- 15 min - temp 98-100F
- () Whirlpool-temp 98-100F
- () Joint mobilization
- () Neuromuscular -15 min
- () Orthotic (checkout list) -15 min
- () Vasopneumatic devices
- () Prosthetic training -15 min
- () Self care training -15 min
- () Telephone calls
- () Patient counseling/ coordinating care
- () Family education
- (X) Documentation
- () Biofeedback
- () Cold pack
- () Conference
- (X) Electrical stimulation -15 min LOWBACK
- () Therapeutic exercise -15 min
- () Mechanical traction
- (X) Massage-15 min
- () Diathermy
- (X) Ultrasound -15 min LOWBACK
- () Paraffin
- () Fluidotherapy
- () TENS
- () Wound care
- () Debridement

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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- () Neuromuscular -15 min
() Reeducation

557**Patient's Response to Treatment:**

- (X) Tolerated treatment well
() C/O:

Treatment Time:

- () 15 Min. () 45 Min.
() 30 Min.
(X) 60 Min.

/es/ CARL MOORE JR

REGISTERED PHYSICAL THERAPIST

Signed: 01/11/2005 14:27

TITLE: PM&RS PHYSICAL THERAPY DAILY NOTE

DATE OF NOTE: JAN 06, 2005@13:51:02 ENTRY DATE: JAN 06, 2005@13:51:02

AUTHOR: GAILLARD, BARBARA

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Physical Therapy Daily Note

Name: WORKS, TYRON

SSN: 419-08-7667

Date: 1/6/2005

DX: LOWBACK PAIN

Treatment Provided:

- () Initial Evaluation
() Discharged evaluation
() Interim evaluation
() Gait training - 15 min
() Home visit
(X) Hot pack TO LOWBACK
() Hubbard tank- 15 min - temp 98-100F
() Whirlpool-temp 98-100F
() Joint mobilization
() Neuromuscular -15 min
() Orthotic (checkout list) -15 min
() Vasopneumatic devices
() Prosthetic training -15 min
() Self care training -15 min
() Telephone calls

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

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- () Patient counseling/ coordinating care
- () Family education
- (X) Documentation
- () Biofeedback
- () Cold pack
- () Conference
- (X) Electrical stimulation -15 min LOWBACK
- () Therapeutic exercise -15 min
- () Mechanical traction
- (X) Massage-15 min
- () Diathermy
- (X) Ultrasound -15 min LOWBACK
- () Paraffin
- () Fluidotherapy
- () TENS
- () Wound care
- () Debridement
- () Neuromuscular -15 min
- () Reeducation

Patient's Response to Treatment:

- (X) Tolerated treatment well
- () C/O:

Treatment Time:

- () 15 Min. () 45 Min.
- () 30 Min. (X) 60 Min.

/es/ BARBARA E GAILLARD

RPT

Signed: 01/07/2005 08:15

TITLE: EMG CONSULT

DATE OF NOTE: JAN 05, 2005@14:52

ENTRY DATE: JAN 05, 2005@14:52:35

AUTHOR: LAIPRASERT, JIRAPUN

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

see report

/es/ JIRAPUN LAIPRASERT

PHYSICIAN/PM&R MANAGER

Signed: 01/05/2005 14:53

TITLE: PLAN OF TREATMENT-OUTPATIENT REHABILITATION

DATE OF NOTE: JAN 04, 2005@09:20

ENTRY DATE: JAN 10, 2005@09:20:29

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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AUTHOR: CHAMBLISS, VERDELLE EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION:

The patient listed here has been evaluated per consult from you or your service by PT .

Medical Center Policy mandates that this patient's physician review the PLAN OF CARE (POC) at the start of treatment and EVERY 30 DAYS thereafter. Your SIGNATURE IS REQUIRED for the complete processing of your patient's POC. My electronic signature below as the first signer designates me as the creator of this POC and your electronic signature below mine is your CERTIFICATION that these services as presented in the plan are necessary to meet the patient's needs.

TYPE OF SERVICE REQUESTED.....: PT
 PRIMARY MEDICAL DIAGNOSIS.....: LOW BACK PAIN
 ONSET DATE OF MEDICAL DIAGNOSIS...:
 TREATMENT DIAGNOSIS.....: LOW BACK PAIN

PRIOR HOSPITALIZATION DATES...FROM: TO:N/A
 (if relevant to this POC)

CERTIFICATION.....FROM:Jan 4,2005 THROUGH:Jan 28,2005
 SERVICE DATES.....FROM:Jan 4,2005 THROUGH:Jan 28,2005

START OF CARE (SOC) DATE.....: Jan 4,2005
 # VISITS SINCE SOC.....: 0
 FREQUENCY/DURATION OF TREATMENT...: 2 WEEKS FOR 4 WEEKS

INITIAL ASSESSMENT AND PLAN OF CARE:
 (SEE BELOW AND ALSO **** NOTE OF ***** FOR FURTHER DETAILS):
 (summary/impressions, prognosis, functional goals, time frames, etc.)

FUNCTIONAL LEVEL PROGRESS REPORT/FUNCTIONAL MEASURES (at end of 30 day period relate documentation of functional outcomes and remaining problems):

Services: Continue Services

DIAGNOSIS: LOW BACK

SECONDARY DX :

ONSET DATE: 11-4-04

PREMORBID STATUS/BARRIERS: NONE

PROGNOSIS FOR REHAB POTENTIAL: FAIR

SAFETY PRECAUTIONS: NONE

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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FUNCTIONAL LIMITATIONS: LOW BACK

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*****PLEASE INSERT AN [X] FOR THE CORRECT RESPONSE*****

<input type="checkbox"/>]MENTAL	<input type="checkbox"/>]CARDIOVASCULAR	<input type="checkbox"/>]AMBULATION
<input type="checkbox"/>]SPEECH	<input type="checkbox"/>]RESPIRATORY	
<input type="checkbox"/>]VISION	<input type="checkbox"/>]BOWEL/BLADDER (INCONTINENCE)	<input type="checkbox"/>]CONTRACTURE
<input type="checkbox"/>]HEARING	<input type="checkbox"/>]OTHER/SPECIFIC	<input type="checkbox"/>]PARALYSIS
<input type="checkbox"/>]SENSATION		<input type="checkbox"/>]ENDURANCE
Cognition/Expression: NORMAL		<input type="checkbox"/>]AMPUTATION

STRENGTH:	LEFT	RIGHT	ROM	LEFT	RIGHT
SHOULDER:	N	N		N	N
ELBOW:	N	N		N	N
WRIST:	N	N		N	N
FINGERS:	N	N		N	N
HIPS:	F+	F+		FORWARD BENDING-60CM	
KNEE: ANKLE:	F+	F+		WFL	WFL

POSTURE:Gait,Distance,Device,Balance, Assistive Modality: WFL

EXERCISE PROGRAM:[]PROM []JAAROM []RESISTIVE LBS.
[]COORDINATION []STRETCHING#REPETITIONS []RUE []RLE []LUE []LLE []NECK
[]BACKTREATMENT PLANS: ULTRASOUND, HOT PACKS, MASSAGE AND MCKENZIE EXERCISES
2 XWK FOR 4WKS (T&TH@10AM) BY DR.LAIPRASERT

GOALS:TO REDUCE PAIN

SHORT TERM GOALS: TO REDUCE PAIN IN THE LOWER BACK FROM 8/10 TO 4/10.

LONG TERM GOALS: TO REDUCE ALL PAIN TO 3/10.

REASON FOR DISCHARGE: PATIENT REACHED MAXIMUM BENEFIT FROM PT
TREATMENTS.TX DATES FROM : 1-4-05 TO # OF TX:
SESSIONS ATTENDED: MISSED:
HOMEBOUND STATUS:

RECOMMEND HOME PROGRAM: ONGOING!

PATIENT & FAMILY EDUCATION:ONGOING!

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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/es/ VERDELLE G CHAMBLISS
CHIEF OF P.T.
Signed: 01/10/2005 09:25

TITLE: PM&RS PHYSICAL THERAPY EVALUATION
DATE OF NOTE: JAN 04, 2005@10:40:41 ENTRY DATE: JAN 04, 2005@10:40:41
AUTHOR: MOORE,CARL JR EXP COSIGNER:
URGENCY: STATUS: COMPLETED

PHYSICAL THERAPY EVALUATION

Circle & Date:1-4-05

Initial:X REASSESSMENT: DISCHARGE:

PATIENT NAME: WORKS,TYRON SSN: 419-08-7667 OUTPATIENT

DIAGNOSIS: LOW BACK SECONDARY DX :

ONSET DATE: 11-4-04

PREMORBID STATUS/BARRIERS: NONE

PROGNOSIS FOR REHAB POTENTIAL: FAIR

SAFETY PRECAUTIONS: NONE

FUNCTIONAL LIMITATIONS: LOW BACK

*****PLEASE INSERT AN [X] FOR THE CORRECT RESPONSE*****

<input type="checkbox"/>]MENTAL	<input type="checkbox"/>]CARDIOVASCULAR	<input type="checkbox"/>]AMBULATION
<input type="checkbox"/>]SPEECH	<input type="checkbox"/>]RESPIRATORY	
<input type="checkbox"/>]VISION	<input type="checkbox"/>]BOWEL/BLADDER (INCONTINENCE)	<input type="checkbox"/>]CONTRACTURE
<input type="checkbox"/>]HEARING	<input type="checkbox"/>]OTHER/SPECIFIC	<input type="checkbox"/>]PARALYSIS
<input type="checkbox"/>]SENSATION		<input type="checkbox"/>]ENDURANCE

Cognition/Expression: NORMAL

☐]AMPUTATION

STRENGTH:	LEFT	RIGHT	ROM	LEFT	RIGHT
SHOULDER:	N	N		N	N
ELBOW:	N	N		N	N
WRIST:	N	N		N	N
FINGERS:	N	N		N	N
HIPS:	F+	F+		FORWARD BENDING-60CM	

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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KNEE ANKLE: F+ F+ WFL WFL

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POSTURE: Gait, Distance, Device, Balance, Assistive Modality: WFL

EXERCISE PROGRAM: [] PROM [] JAAROM [] RESISTIVE LBS.
[] COORDINATION [] STRETCHING# REPETITIONS [] RUE [] RLE [] LUE [] LLE [] NECK
[] BACK

ASSESSMENT: Patient's response to treatment: TBA

TREATMENT PLANS: ULTRASOUND, HOT PACKS, MASSAGE AND MCKENZIE EXERCISES
2 XWK FOR 4WKS (T&TH@10AM) BY DR. LAIPRASERT

GOALS: TO REDUCE PAIN

SHORT TERM GOALS: TO REDUCE PAIN IN THE LOWER BACK FROM 8/10 TO 4/10.

LONG TERM GOALS: TO REDUCE ALL PAIN TO 2/10.

ACHIEVEMENT OF GOALS: TBA

REASON FOR DISCHARGE: HEALED OR PATIENT REACHED MAXIMUM BENEFIT FROM PT
TREATMENTS.TX DATES FROM : 1-4-05 TO # OF TX:
SESSIONS ATTENDED: MISSED:
HOMEBOUND STATUS:

RECOMMEND HOME PROGRAM: ONGOING!

PATIENT & FAMILY EDUCATION: ONGOING!

/es/ CARL MOORE JR
REGISTERED PHYSICAL THERAPIST
Signed: 01/04/2005 10:56

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Law Offices of
S. Kay Dansby, PC

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Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

November 10, 2006

Via Hand Delivery
Office of Disability Adjudication and Review
3381 Atlanta Highway
Montgomery, AL 36109

RE: Tyron Works
SSI: 419-08-7667

RTS
WASSIGN

ADMINISTRATIVE
LAW JUDGE
NOV 13 2006
REGION IV
MONTGOMERY

Dear Sir or Madam:

Enclosed are medical records dated 02/12/05 from 08/14/06 from Dr. W. L. Pinchback, M. D. to be associated with the above-named claimant's file.

If you have any questions, please contact me.

Respectfully,



S. Kay Dansby

Enclosers
SKD/pv

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

Tyron Works

MR#: 27584

08/14/06

CHIEF COMPLAINT: MRI RESULTS BACK PAIN

HISTORY OF PRESENT ILLNESS:

This patient is in today and still having some problems with pain in his lower back but it is not as severe as it was when he was here before. The pain in his back radiates down into his right hip area.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, flexeril, ketorolac, Protonix and vicodin

ALLERGIES: Typhoid vaccine

EXAMINATION:

VITAL SIGNS: B/P - 132/79, Pulse - 69, Temperature - 96.7, Weight - 214.00 lbs, Height - 72 inches

On examination today, he ambulates with a normal gait. He flexes his lumbar spine about 40 degrees, extends 20 degrees, and lateral bending is 20 degrees in each direction. He still has some paravertebral muscle spasms in the lower back in the area of L4-L5 and L5-S1.

X-RAYS:

I reviewed the MRI of his lumbar spine and it showed that his arthrodesis appears to be adequate and he has no abnormality of the disc above the fusion site and his facet joints actually look pretty good above the fusion site.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Not Treated
2. Spondylosis Of Unspecified Site With Myelopathy, 721.91, Not Treated
3. Disc, Lumbar, 722.10, Not Treated
4. Discogenic lower back pain, 722.73, Not Treated
5. Pain, Lumbar, 724.2, Not Treated
6. Bursitis over hardware lumbar spine, 727.3, Not Treated
7. Sprain, Lumbar, 847.2, Improving

TREATMENT PLAN:

His symptoms are consistent with a chronic lumbar strain and probably decompensated lower back. We will start him on some physical therapy consisting of electrical muscle stimulation, thermal therapy, therapeutic exercises, and isokinetic strengthening exercises for his lower back. We will also have him do some physical conditioning and flexibility exercises. He is to return for follow-up evaluation in the office in four to six weeks.

FOLLOWUP: Return visit in 5 to 6 Weeks- post PT

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W.L. Pinchback, Jr., M.D.
WLPjr/swb

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

566

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

Tyron Works

MR#: 27584

08/04/06

CHIEF COMPLAINT:

1. Pt c/o increase lowback pain since last

HISTORY OF PRESENT ILLNESS:

This patient is a 34-year old young man seen again in regards to evaluation of his lower back. He had a posterior lateral lumbar arthrodesis at L5-S1 bilaterally back in February 2005. Since that time he has been doing fairly well and has not been complaining of pain or discomfort. He went back to work about a month and a half ago and has been doing well. His work requires that he do a lot of standing and walking. However, this past Saturday he began experiencing severe pain and discomfort in his lower back with no pain radiating into his legs but he does have some pain radiating into his right hip or groin area.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, flexeril, ketorolac, Protonix and vicodin

ALLERGIES: Typhoid vaccine

GENERAL - Denies fever, or chills

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - Denies pain or swelling

RESPIRATORY - Denies shortness of breath, cough, wheezing

CARDIOVASCULAR - Denies palpitations, chest pain, orthopnea, PND, peripheral edema, syncope or claudication

GASTROINTESTINAL - diarrhea, heartburn, nausea and vomiting

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urind, STDs, or hesitancy

MUSCULOSKELETAL - back pain, decreased range of motion, difficulty in walking, joint pain, muscle pain and old injury

NEUROLOGICAL - Denies localized numbness, weakness, or tingling

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04;

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet;

Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week;

FAMILY HISTORY OF:

567

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

EXAMINATION:

VITAL SIGNS: B/P - 130/79, Pulse - 84, Temperature - 97.0, Weight - 213.20 lbs, Height - 72 inches

On examination today, he ambulates with very guarded movements. He has minimal flexion and extension of his lower back. He has a very positive rock and tilt test. Straight leg raising is negative bilaterally but he has false positive straight leg raising on the right at about 40 degrees. He has tenderness in his right hip on manipulation but this tenderness is mainly over the area of the sciatic bursa. He has marked paravertebral muscle spasms in the lumbar spine region. He has marked point tenderness also diffusely throughout his lower back. He has a healed surgical scar from a bilateral posterior lateral lumbar arthrodesis. His dorsalis pedis and posterior tibial pulses are 3+ bilaterally. He has good skin tone and color.

X-RAYS:

I reviewed the x-rays of the lumbar spine and it shows that the patient's hardware is in excellent position. There is no evidence of loosening. There is no evidence of any additional deformity in his back or pathology in his lower back. His disc spaces are very well maintained.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Not Treated
2. Spondylosis Of Unspecified Site With Myelopathy, 721.91, Not Treated
3. Disc, Lumbar, 722.10, Not Treated
4. Discogenic lower back pain, 722.73, New
5. Pain, Lumbar, 724.2, Not Treated
6. Bursitis over hardware lumbar spine, 727.3, New
7. Sprain, Lumbar, 847.2, New


TREATMENT PLAN:

This patient's symptoms are consistent with a possible acute bursitis over his hardware and acute lumbar strain. I would like to get an MRI of his lumbar spine and start him on an antiinflammatory medication Celebrex 200 mg taken daily with food. We used Celebrex because the patient has a history of gastric reflux and is presently taking Protonix. We also gave him a prescription for Skelaxin 800 mg taken three times a day and Darvocet N 100 for pain. He is to get an MRI of his lumbar spine and return for follow-up evaluation following the MRI.

DIAGNOSTIC TESTS: MRI Lumbar Spine

DRUG RX: Celebrex 200 mg 1 po qd w/food, DARVOCET N-100 1 OR 2 Q 4 HRS PRN PAIN and Skelaxin 800mg 1 tid

FOLLOWUP: After MRI



W.L. Pinchback, Jr., M.D.

WLPjr/swb

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ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

569

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106

Phone (334) 262-0523 Fax (334) 262-5915

Tyron Works
MR#: 27584
09/21/05

CHIEF COMPLAINT:

1. Followup of 3MTH. LUMBAR

HISTORY OF PRESENT ILLNESS:

This patient is a 33-year old man who had a posterior lateral lumbar arthrodesis done in February of 2005. He is doing very well and has been progressing satisfactorily. He has no complaints of pain or discomfort in his lower back.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Protonix and vicodin

ALLERGIES: Typhoid vaccine

GENERAL - Denies fever, or chills

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - Denies pain or swelling

RESPIRATORY - Denies shortness of breath, cough, wheezing

CARDIOVASCULAR - Denies palpitations, chest pain, orthopnea, PND, peripheral edema, syncope or claudication

GASTROINTESTINAL - diarrhea, heartburn, nausea and vomiting

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urind, STDs, or hesitancy

MUSCULOSKELETAL - back pain, decreased range of motion, difficulty in walking, joint pain, muscle pain and old injury

NEUROLOGICAL - Denies localized numbness, weakness, or tingling

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04;

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week;

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

EXAMINATION:

VITAL SIGNS: B/P - 140/75, Pulse - 77, Temperature - 98.4, Weight - .00 lbs, Height - 72 inches.

On examination today, he ambulates with a normal gait. He flexes only about 30 degrees and extends about 15 degrees. Lateral bending is about 20 degrees in each direction. This patient's wounds are well healed. 570

X-RAYS:

I reviewed his x-rays and it shows good bone mineralization with the retained pedicle screws in excellent position and there is no evidence of loosening. It appears that he does have a good consolidation of his bone at the level of his fusion site.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Status Post Surgery
2. Spondylosis Of Unspecified Site With Myelopathy, 721.91, Status Post Surgery
3. Disc, Lumbar, 722.10, Not Treated
4. Intervertebral Disc Disorder With Myelopathy Lumbar Region, 722.73, Status Post Surgery
5. Pain, Lumbar, 724.2, Not Treated

TREATMENT PLAN:

We will start him on some physical therapy consisting of range of motion, therapeutic exercises, and isokinetic strengthening exercises. We will check him for follow-up evaluation in five to six weeks.

FOLLOWUP: Return visit in 5 to 6 Weeks- post PT.

W.L. Pinchback, Jr., M.D.
WLPjr 8/6

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106

Phone (334) 262-0523 Fax (334) 262-5915

Tyron Works
MR#: 27584
06/22/05

CHIEF COMPLAINT:

1. Followup of lumbar pains

HISTORY OF PRESENT ILLNESS:

This patient is in today and progressing satisfactorily, however, he did have a little set back with the pain in his back because he tried to do some yard work. He complains of some stiffness in his back today.

MEDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Protonix and vicodin

ALLERGIES: Typhoid vaccine

GENERAL - Denies fever, or chills

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - Denies pain or swelling

RESPIRATORY - Denies shortness of breath, cough, wheezing

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ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04;

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week;

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

EXAMINATION:

VITAL SIGNS: B/P - 135/75, Pulse - 73, Temperature - 98.4, Weight - 190.00 lbs, Height - 72 inches.

On examination today, he ambulates with a relatively normal gait with some guarded movements. He does have some tightness around his scar tissue in his back. 572

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Status Post Surgery
2. Spondylosis Of Unspecified Site With Myelopathy, 721.91, Status Post Surgery
3. Disc, Lumbar, 722.10, Not Treated
4. Intervertebral Disc Disorder With Myelopathy Lumbar Region, 722.73, Status Post Surgery
5. Pain, Lumbar, 724.2, Improving

TREATMENT PLAN:

I advised him to have his girlfriend massage his back. I will have him continue to exercise on his own by walking as much as possible. We will see him for followup evaluation in about three months. At that time, we may consider starting him on some light physical therapy.

W.L. Finchback, Jr., M.D.

WLPjrlwa

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106

Phone (334) 262-0523 Fax (334) 262-5915

UNIT: 0897

DISABILITY DETERMINATION SERVICE

POST OFFICE BOX 830300

BIRMINGHAM, ALABAMA 35283-0300

Birmingham Number 205-989-2100

Toll-Free Number 1-800-292-8106

Toll-Free Fax Number 1-800-524-6489

May 19, 2005

CLAIM: 258025

TDN: 1749574989

ADVANCED ORTHOPEDIC SURGICAL
SPECIALISTS PC
1329 MULBERRY STREET
MONTGOMERY AL 36106-1187

RE: TYRON WORKS
AKA:
435 LURENE CIRCLE
MONTGOMERY AL 36109
A/N: 419-08-7667 INT:SSA
DOB: February 6, 1972

Warner Louis Pinchback Jr MD

The Disability Determination Service (DDS) obtained the enclosed consultative examination on this individual. The individual asked that you receive a copy of the examination.

The medical evidence may be of such a nature that the disclosure to the individual could have an adverse impact on the individual's health or interfere with the individual's medical management. For this reason, it is suggested that you exercise caution in revealing the exact contents of the records or in releasing the records directly to the individual.

Sincerely,

Beth Jones
Disability Specialist, Telephone Ext 143

MS10 - BJ
Enclosures



ROID: 1749574589258025 SITE: S01 OR F
SSN: 419037867 DOCTYPE: C001 RF: P CS: E350

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

574

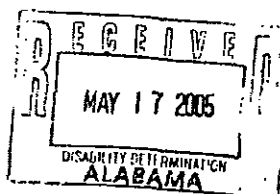
SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106

Phone (334) 262-0523 Fax (334) 262-5915

MDSI PHYSICIAN SERVICES
1701 WEST 2450 SOUTH
OGDEN, UTAH 84401
(801) 627-1093

CLAIMANT: Tyron Works
SSN: 419-08-7867
PHYSICIAN: James O. Colley, MD
ANALYST: Jones/143
CONTRACT #: 258025
LOCATION: Montgomery, Alabama
DATE OF EXAM: May 6, 2005



IDENTIFICATION DATA: Date of birth: February 6, 1972. Age: 33. The claimant is a 33-year-old African-American male who is right-hand dominant. The claimant states he has a high school education plus three years of college and last worked in November 2004. The claimant was in the military for eight years (Army) and was in the first Desert Storm operation and in Bosnia. He is currently receiving 80% disability through the Veteran's Administration and is a first time applicant through DDS. At the time that he quit working he was working for the state in the financial sector.

INTERPRETER INFORMATION: Not applicable.

CHIEF COMPLAINTS:

1. Low back pain.
2. Knee pain.
3. Heart condition.

REVIEW OF RECORDS: There is a Disability Report for an Adult that is on the chart and is filled out.

There is an operative report of the lumbosacral spine on the chart dated February 8, 2005.

There are records on the chart from Central Alabama Veteran's Administration Hospital and Clinics.

There is a history and physical on the chart by Dr. Pinchback dated December 6, 2004.

There is a Physical Activities Questionnaire on the chart that has been filled out.

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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Phone (334) 262-0523 Fax (334) 262-5915

CLAIMANT: Tyron Works

PAGE 2

HISTORY OF PRESENT ILLNESS: The claimant is a 33-year-old African-American male who is status post right lumbar laminectomy at L5-S1 plus fusion and insertion of hardware on February 8, 2005. He states he injured his back while in the military and although his surgery helped, he continues to have low back pain of 8/10. He can still only walk two or three blocks. He states he has not been released yet from Dr. Pinchback's service. He can only sit for about 30-45 minutes. Prior to surgery he stated he had spasms in the legs, especially on the right, and his entire leg would go numb. He could only walk for half a block at that time.

The claimant states he has bilateral knee pain, left greater than right. He had arthroscopic surgery on the right knee in May 1999. He had the left knee scoped in November 2000. He again had surgery on the left knee at the Veteran's Administration in February 2003. He states both swell. There is no popping or grinding present. The left knee locks and buckles.

The claimant also gives a history of atrial fibrillation in the past that is controlled with his present medical regimen. There is no history at the present time of palpitations, fluttering, orthopnea, paroxysmal nocturnal dyspnea, or fluid retention.

IMPACT ON ACTIVITIES OF DAILY LIVING: He can drive for a short distance occasionally. He does no yard work and no housework. He does light grocery shopping.

CURRENT MEDICATIONS:

1. Aspirin one a day.
2. Phenergan 25 mg p.r.n. nausea.
3. Skelaxin 800 mg t.i.d.
4. Darvocet N 100 p.r.n. pain q. 4 h.
5. Albuterol meter dose inhaler.
6. AeroBid meter dose inhaler.
7. Vicodin 500/5 mg p.r.n. pain q. 4 h.
8. Protonix 40 mg a day.
9. Serevent disk.
10. Cardicem CD 120 mg a day.

PAST MEDICAL HISTORY:

1. Asthma.
2. Allergic sinusitis.

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

CLAIMANT: Tyron Works

PAGE 3

These are both currently stable.

FAMILY HISTORY: Positive for asthma, high blood pressure, strokes, and heart attacks.

REVIEW OF SYSTEMS: The claimant's review of systems was normal except for cardiovascular.

SOCIAL HISTORY: The claimant's social history was noncontributory.

PHYSICAL EXAMINATION:

GENERAL APPEARANCE & OBSERVATIONS: The claimant was honest. He gave good effort. He was consistent. He had a rather nasal voice from allergic sinusitis. The claimant is well-built, well-nourished, and in no acute distress. The claimant was alert and oriented X 3.

The claimant had good hygiene and was appropriately dressed.

He moved slowly but had an even gait.

The claimant had a normal affect.

VITAL SIGNS:

HEIGHT AND WEIGHT WITHOUT SHOES: 5'11"; 200 lb.

BLOOD PRESSURE: 130/90.

PULSE: 80.

RESPIRATIONS: 20.

SNELEBY'S TEST: Without lenses: Left 20/20; right 20/20.

HEAD: Normocephalic, atraumatic. Palpation of the head reveals no tenderness.

EYES: Normal orbit and globe. Normal conjunctivae, cornea shows normal finding. Both lids are normal. Pupils are equal in size, round, reactive to light and accommodation. Extraocular muscles are intact.

EARS/NOSE/MOUTH/THROAT: Examination of external ears normal helix, tragus, and ear lobe. Both canals are clean. Membranes are pearly gray, normal landmarks, good light reflex. Both ears are normal to finger rub. Normal nasal mucosa, no polyp, ulcer or lesion. Lips are normal with no lesion. Oral mucosa is

ADVANCED ORTHOPEDIC



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CLAIMANT: Tyron Works

PAGE 4

normal. Hard and soft palates are normal. Teeth are satisfactory. Gums are normal. Tongue shows no ulcer or lesion. Tonsils are normal with no lesion. Uvula is normal.

NECK/NODES: Supple without adenopathy, thyromegaly, or masses. No jugular venous distention. Carotids without bruits, or thrills. There were no palpable cervical, supraclavicular, epitrochlear, axillary, or inguinal lymph nodes.

CHEST/LUNGS: The claimant had a normal anteroposterior diameter. There was no increased expiratory time. The chest wall moved symmetrically with normal excursions. The claimant did not use accessory muscles for respiration. The claimant's lungs were clear. There were no wheezes, rales, or rhonchi heard.

CARDIOVASCULAR: Regular rate and rhythm. Normal S1, S2. No extra sounds or murmurs were heard. There was no clubbing, cyanosis, or edema. Point of maximal impulse not displaced.

ABDOMEN: Soft and nontender and nondistended. Bowel sounds positive. No hepatosplenomegaly or masses palpable. No costovertebral angle tenderness and no guarding.

PULSES: Pulses were +2/4 bilaterally and equal in the upper and lower extremities.

COORDINATION, STATION, AND GAIT: The claimant had a normal station, normal gait, and normal coordination. Romberg was negative. Finger-to-nose was normal. The claimant could not squat down. He could not do heel-to-knee due to low back pain. The claimant could tandem walk but could not walk on his heels and toes. Again, the claimant gives good effort during the heel-to-knee test.

ASSISTIVE DEVICE: He uses a single-point cane and had bilateral Velcro knee braces with hinges. These were prescribed at the Veteran's Administration. He used the single-point cane in his right hand. He states he has a hard high back brace at home.

RANGE OF MOTION:

CERVICAL: Flexion 30 degrees, extension 30 degrees, lateral flexion 45 degrees and rotation 60 degrees.

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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SURGICAL SPECIALISTS, P.C.
1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

CLAIMANT: Tyron Weeks

PAGE 5

DORSOLUMBAR: Lateral flexion 0 degrees, flexion 20 degrees and extension 0 degrees.

HIP JOINTS: Internal rotation 40 degrees, external rotation 50 degrees, abduction 40 degrees, adduction 20 degrees, forward flexion 60 degrees due to back pain, and backward flexion 20 degrees bilaterally.

KNEE JOINTS: Flexion 90 degrees and extension 180 degrees bilaterally.

ANKLE JOINTS: Dorsiflexion 20 degrees and plantar flexion 40 degrees bilaterally.

STRAIGHT LEG RAISING: Negative sitting and supine.

SHOULDER JOINTS: Forward elevation 160 degrees, abduction 160 degrees, adduction 30 degrees, external rotation 90 degrees, and internal rotation 80 degrees and backward extension 40 degrees bilaterally.

ELBOW JOINTS: Flexion/extension 150-190 degrees, supination 80 degrees, and pronation 80 degrees bilaterally.

WRIST JOINTS: Dorsiflexion 60 degrees, palmar flexion 70 degrees, radial deviation 20 degrees, and ulnar flexion 30 degrees bilaterally.

FINGERS/THUMBES: Metacarpophalangeal joints 90 degrees, proximal interphalangeal joints 100 degrees, distal interphalangeal joints 70 degrees bilaterally, with extension out to 180 degrees or zero degrees. There was normal abduction and adduction of the fingers. The claimant was able to approximate the thumbs to the fingertips and make a good fist bilaterally, with good dexterity bilaterally.

GENERAL FINDINGS: He has two 4-5 cm scars on either side of the lumbosacral spine possibly 2 cm off the center. He had trigger point tenderness over the incisions that was mild to moderate. There were no paravertebral muscle spasms. Straight leg raising was negative. He had pain on range of motion of his knees without an effusion. The patellae moved freely. He guards both lower extremities on range of motion. There is no instability.

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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Phone (334) 262-0523 Fax (334) 262-5915

CLAIMANT: Tyron Works

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There is no deformity and no crepitus. The claimant has smooth hands. No calluses are noted.

NEUROLOGICAL EXAMINATION:

MOTOR STRENGTH/MUSCLE BULK AND TONE: The claimant is a right-hand dominant. Grip strength was 5+/5, upper extremity strength was 5+/5, and lower extremity strength was 5+/5. The claimant had good muscle bulk and tone. There was no atrophy.

SENSORY EXAM: Normal throughout as to pinprick and vibration.

DEEP TENDON REFLEXES: Reflexes were +2/4 and symmetrical knees, ankles, and elbows. Babinski was negative.

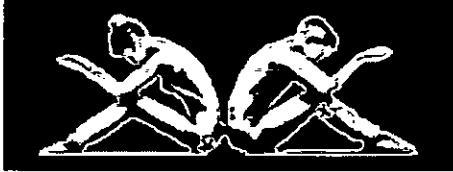
CRANIAL NERVES II THROUGH XII: Cranial nerves II-XII were intact.

DIAGNOSES:

1. Degenerative disk disease of the lumbosacral spine status post laminectomy and fusion at L5-S1 on the right on February 8, 2005, improving. There are no further symptoms of right lumbar radiculopathy.
2. Degenerative joint disease of the knees status post multiple arthroscopic surgical procedures, on the right in May 1999 and left November 2000 and February 2003.
3. Past history of atrial fibrillation, stable on present medical regimen.
4. Asthma.
5. Allergic sinusitis.
6. Reflux symptoms secondary to medication.
7. Hypertension.

FUNCTIONAL ASSESSMENT/MEDICAL SOURCE STATEMENT: The claimant is a healthy-appearing, 35-year-old African-American male who had a laminectomy and fusion at L5-S1 on the right three months ago, for which he is not fully recovered. The claimant states he is getting out more and more and walking 2-3 blocks, building himself up. Prior to surgery he had a right lumbar

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

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CLAIMANT: Tyron Weeks

PAGE 7

radiculopathy and could only walk for 1/2 block. He is no longer having radicular symptoms and has a motor strength of 5+/5 and symmetrical reflexes. He has negative straight leg raising. He has degenerative joint disease of the knees and has had multiple arthroscopic surgical procedures in the past. He has no deformity, effusions, or instability.

The number of hours that the claimant could be expected to stand and walk in an eight-hour workday is 4-6 hours at this point in time taking breaks every 30-45 minutes.

The number of hours the claimant could sit in an eight-hour workday is about six hours taking routine breaks.

The claimant uses bilateral Velcro hinge braces for his knees and a single-point cane at this point in time.

The amount of weight the claimant could lift or carry would be no more than 10 pounds occasionally and 5 pounds frequently.

He could occasionally bend and stoop. He should not crouch. He could occasionally kneel. He could go up a flight of steps slowly. He could pull 20 pounds occasionally and 10 pounds frequently.

There are no manipulative limitations.

There are no visual limitations and the claimant communicates effectively.

James O. Colley, MD.
James O. Colley, MD, FACS
General Surgery

joc:wm

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

581

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

04/28/05 12:39:22 BMC Medical Records->

334-262-5915

Page 002

PATIENT: WORKS, TYRON ""

PATIENT #: 0503400604

T: 04/28/2005

DISCHARGE SUMMARY

Page 2 of 2

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

582

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

Tyron Works
MR#: 027584
04/20/05

CHIEF COMPLAINT:

1. Followup of L-SPINE

HISTORY OF PRESENT ILLNESS:

This patient is in today and doing very well. He is about ten weeks' post-posterolateral lumbar arthrodesis at L5-S1. He is doing well. He has no complaints of pain or discomfort in his back. He did say that he hit his back about two weeks ago and had some discomfort but he is doing better now.

EDICATIONS HISTORY:

Patient is also taking Aspirin 81 mg, Cardizem, Protonix and vicodin

ALLERGIES: Typhoid vaccine

GENERAL - Denies fever, or chills

SKIN - Denies rash, new skin lesions, itching, hives, or cysts

EYES - wears eye glasses

EARS - Denies ear pain, ringing or difficulty hearing, wear hearing aid

NOSE - chronic sinus problem and nasal congestion

MOUTH - Denies sore throat, or canker sores, dentures

NECK - Denies pain or swelling

RESPIRATORY - Denies shortness of breath, cough, wheezing

CARDIOVASCULAR - Denies palpitations, chest pain, orthopnea, PND, peripheral edema, syncope or claudication

GASTROINTESTINAL - diarrhea, heartburn, nausea and vomiting

GENITOURINARY - Denies dysuria, frequency of urination, urgency, foul smelling urind, STDs, or hesitancy

MUSCULOSKELETAL - back pain, decreased range of motion, difficulty in walking, joint pain, muscle pain and old injury

NEUROLOGICAL - Denies localized numbness, weakness, or tingling

PSYCHIATRIC - Denies depression, anxiety, substance use or substance abuse

ENDOCRINE - Denies weight loss or gain

HEMATO-IMMUNOLOGIC - Denies easy bruising or bleeding

PAST HISTORY: Infections - none; Illnesses - hypertension; Accidents - military injury 1997; Surgeries - arthroscopy (Bil knees), 1995, 1999 and 000; PCP Dr. Jefferson Underwood III, 12/04;

SOCIAL HISTORY: Alcohol Use - drinks occasionally; Smoking - denies smoking; Diet - caffeine free diet; Lifestyle - stressful lifestyle and active lifestyle; Seat Belt Use - always uses seat belts; Occupation - Computer programmer; Illicit Drug Use - denies use of street drugs; Sexual Activity - did not discuss sexual history; Job Description - Standing, pushing, pulling, lifting (100+ lbs.); Hours Worked - 40 hours per week;

FAMILY HISTORY OF:

1. CVA, unknown type
2. Diabetes-unknown type
3. Heart disease
4. HIV
5. Hypercholesterolemia
6. Hypertension
7. TB

EXAMINATION:

VITAL SIGNS: B/P - 125/71, Pulse - 68, Temperature = 97.9, Weight = 204.00 lbs, Height - 72 inches. 583

On examination today, the patient has minimal tenderness in his lower back on palpation. His incisions are well healed.

X-RAYS:

X-rays of his lumbar spine show that his hardware is in excellent position with no evidence of loosening, and he is beginning to develop a fusion mass.

ASSESSMENT (DIAGNOSIS):

1. Facet joint arthritis, 721.7, Status Post Surgery
2. Spondylosis Of Unspecified Site With Myelopathy, 721.91, Status Post Surgery
3. Disc, Lumbar, 722.10, Not Treated
4. Intervertebral Disc Disorder With Myelopathy Lumbar Region, 722.73, Status Post Surgery
5. Pain, Lumbar, 724.2, Improving

TREATMENT PLAN:

He is to return for followup evaluation in the office in three months. At that time, repeat AP and lateral x-rays will be done of his lumbar spine. The patient was encouraged to do a lot of walking.

FOLLOWUP: Return Visit in 3 Months- repeat x-rays of lumbar spine.

W.L. Pinchback, Jr., M.D.

WLP/jr/wa

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

584

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915COMPREHENSIVE ADULT
DISCHARGE ASSESSMENT
Including OASIS Elements

202278

81415

Patient Name

CARE SUMMARY

ATTENTION PHYSICIAN: This Discharge Summary is for your records:

Dear Doctor Pinchback, Werner

Date of last home visit

2/14/05

Discharge/Transfer/Death date

4/6/05

Physician Notified

1/1

DISCIPLINES INVOLVED

VISIT TOTALS

MET OUTCOMES

COMMENTS

☐ SN☐ HHA☐ PT☐ OT☐ SLP☐ MSW☐ Other☐ Other

SUMMARY

Complete this Section for Discharge Purposes (Unless Summary is written elsewhere)

REASON FOR ADMISSION (describe condition)

Pt slip Back surgery

SUMMARY OF CARE (including progress toward goals to date)

Required SN short term for H&A, monitoring of wound care & dsg change. Staples to be removed with no further problems

Physician Copy

CARE SUMMARY CONTINUED ON NEXT PAGE

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

585

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915



300 Interstate Park Dr., Suite 324 - Montgomery, AL 36109
Phone: 334-272-0313

PR# BT10000018

TYEON WORKS

☒ was ☐ was not
admitted on 2/13/05

The following services will be provided by the agency based on the plan of care provided by the physician:

DR. WARNER PINCHBACK

- ☒ Skilled Nursing ☐ Occupational Therapy
☒ Home Health Aide ☐ Speech Therapy
☐ Physical Therapy ☐ Medical Social Worker
☐ Other _____

WHITE - Referral CANARY - Chair

Start of Care Report

If you have any questions, please feel free to call:

1-800-253-4664

Asia Duggan 3/9/05
Patient Services Representative Date

DR. WARNER PINCHBACK1329 MULBERRY ST.MONTGOMERY, AL 36106

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

586

SURGICAL SPECIALISTS, P.C.
1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

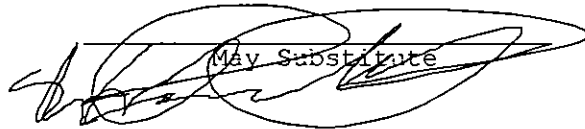
Doctor : Warner L. Pinchback, M.D.
License #: BP0745921 DEA #: 8817

Date : 08/04/2006

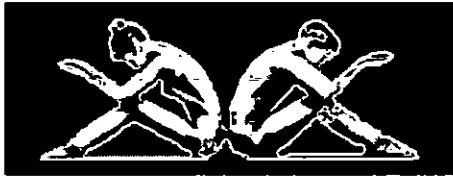
For Patient:
WORKS, TYRON
435 LURENE CIRCLE, MONTGOMERY, AL 36109

Medication	Instructions	Disp.	Refills
Celebrex 200 mg	1 po qd w/food	#30	2

Dispense As Written

 May Substitute

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

587

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

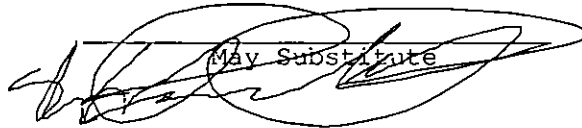
Doctor : Warner L. Pinchback, M.D.
License #: BP0745921 DEA #: 8817

Date : 08/04/2006

For Patient:
WORKS, TYRON
435 LURENE CIRCLE, MONTGOMERY, AL 36109

Medication	Instructions	Disp.	Refills
DARVOCET N-100	1 OR 2 Q 4 HRS PRN PAIN	#20	1

Dispense As Written


May Substitute

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

588

SURGICAL SPECIALISTS, P.C.
1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

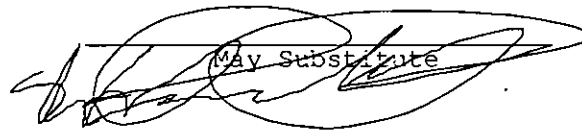
Doctor : Warner L. Pinchback, M.D.
License #: B20745921 DEA #: 8817

Date : 08/04/2006

For Patient:
WORKS, TYRON
435 LURENE CIRCLE, MONTGOMERY, AL 36109

Medication	Instructions	Disp.	Refills
Skelaxin 800mg	1 tid	60	2

Dispense As Written

 May Substitute

ADVANCED ORTHOPEDIC



W.L. Pinchback, Jr., M.D., F.A.A.O.S.

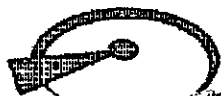
589

SURGICAL SPECIALISTS, P.C.

1329 Mulberry Street Montgomery, AL 36106
Phone (334) 262-0523 Fax (334) 262-5915

0

8/7/2006 12:01 PM PAGE 1/001 Fax Server



**Advanced Medical
Imaging Center**

Warner Pinchback, MD 08/07/2006
1329 Mulberry Street
Montgomery AL 36106

Re: Works, Tyrone
Account# - 899266
DOB - 02/06/1972
Chart #: 80005
Exam: MRI LUMBAR SPINE 08/04/2006

MRI LUMBAR SPINE:

INDICATION: Low back pain. Previous surgery February 2005.

PROTOCOL: Multiplanar, multisequence imaging of the lumbar spine.

FINDINGS: There are no fractures. The lumbar vertebral bodies are normal in height. The disc space is slightly narrowed at L5-S1 with decreased signal intensity in the L5-S1 disc space, similar to the appearance on 01/10/2005. There is a facet hypertrophy bilaterally at L5-S1 and there have been bilateral pedicle screws placed at L5-S1 with posterior stabilization hardware. The lamina remains intact. There is no spinal stenosis or foraminal encroachment. The posterior bulge that was noted at L5-S1 on the prior examination does appear less prominent now.

IMPRESSION:

Posterior stabilization at L5-S1 since the previous examination of 01/10/2005 with less prominence of the posterior bulge of the disc at that level since the previous study.

Bilateral facet hypertrophy at L5-S1 but there is no evidence of foraminal compromise or spinal stenosis at any lumbar level.

Donald H Dahlene, MD
DHD/tt
Donald Dahlene M.D., electronically signed this document

Advanced Medical Imaging Center
525 South Lawrence Street Montgomery AL 36103
334-262-7226 Toll Free: 800/844-7226 Fax: 334-261-2641

4/29/06
12/01/06

WGR
John 3/22/07
NHH

Law Offices of
S. Kay Dansby, PC

590

Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

March 6, 2007

Office of Disability Adjudication and Review
405 South 7th St
Paducah, KY 42003

RE: Tyron Works
SSN: 419-08-7667
Hearing Scheduled 3/22/07; ALJ Reamon

Dear Sir/Madam:

Enclosed please find medical records from Dr. Hamp Greene dated November 29, 2006 to December 1, 2006, to be associated with the above referenced claimant's file.

If you have any questions, please contact me.

Respectfully,

S. Kay Dansby

Received
MAR 6 9 2007
ODAR

Enclosures
SKD/sg

iblt No 12F
15 pages

CLINICAL DATA GENERAL

NAME	AGE	SEX	S M D W
ADDRESS	PHONE	DATE	
SPONSOR	ADDRESS		
OCCUPATION	REF BY	ACKN	

591

DATE:

CONDITION CHANGES:

CURRENT MEDS:

4 Tyron Works

2:00

2:50

Green

DEC 01 2006

MRI

WM

MRA Intracranial

From = Dizzy

Light headed

Had to go home

Slight headache now

Plan (1) Prednisone 60 40 20

(2)

(3)

PLAN:

2

Radiology Exam Report

592

Patient Name: WORKS, TYRON

MRN: 574758

FIN: 633400503

Patient Type: MontRadScan

Accession No: MR-06-0008651

Exam Date/Time: 12/1/2006 13:26

Ordering Physician: Greene, Hamp H, MD

Transcribed Date/Time: 12/1/2006 14:18

Radiologist: Montiel, David C, MD

Reason for Exam: headache

DOB/Age/Sex: 2/6/1972 34 Years Male

Location: B-Rad C-Scan/ /

Exam: MR Brain MRA w/o contrast

Exam Status: Completed

Transcriptionist: Smith, Barbara

Report Status: Transcribed

Resident:

FINDINGS

MR ANGIOGRAM OF THE VESSELS OF THE CIRCLE OF WILLIS:

MR angiogram is of excellent technical quality. I can easily identify the distal vertebral arteries bilaterally and they appear normal. The basilar artery is normal. The left posterior inferior cerebellar artery is demonstrated and is normal. Both posterior cerebral arteries and both superior cerebellar arteries are well seen and are normal. The patient's posterior communicating arteries are patent and well seen bilaterally. The anterior communicating artery is intact and normal. Both middle cerebral arteries and both anterior cerebral arteries are normal.

IMPRESSION:

1. NORMAL MR ANGIOGRAM OF THE VESSEL OF THE CIRCLE OF WILLIS.

DCM/bs
12/1/06 JOB 49735

DAVID C. MONTIEL, M.D.

READ BY: Montiel, David C, MD

TECHNOLOGIST: AN
TRANSCRIBED DATE: 12/01/2006 14:18
TRANSCRIPTIONIST: BS

PRELIMINARY UNLESS SIGNED BY PHYSICIAN

*** END OF REPORT ***

Radiology Exam Report

Patient Name: WORKS, TYRON

MRN: 574758

FIN: 633400503

Patient Type: MontRadScan

Accession No: MR-06-0008652

Exam Date/Time: 12/1/2006 13:26

Ordering Physician: Greene, Hamp H, MD

Transcribed Date/Time: 12/1/2006 14:14

Radiologist: Montiel, David C, MD

Reason for Exam: headache

DOB/Age/Sex: 2/6/1972 34 Years Male

Location: B-Rad C-Scan/ /

Exam: MR Brain MRI w/o contrast

Exam Status: Completed

Transcriptionist: Smith, Barbara

Report Status: Transcribed

Resident:

593

FINDINGS

MR OF THE BRAIN:

34-year-old with history of severe headaches. MR was done to further evaluate. The cerebral hemispheres appear normal and symmetrical. The ventricles are normal in shape and size. I do not see a hemorrhage or mass. The white matter and gray matter have a normal appearance. Basal ganglia have a normal appearance. The caudate nucleus, internal capsule, globus pallidus, and putamen all appear normal. The thalami are normal bilaterally. Diffusion weighted images are normal. I do not see anything which suggests a restriction of diffusion. FLAIR images are normal. I do not see any abnormal fluid signal.

IMPRESSION:

1. NO ABNORMALITY DETECTED ON THE MR OF THE BRAIN.

DCM/bs

12/1/06 JOB 49734

DAVID C. MONTIEL, M.D.

READ BY: Montiel, David C, MD

TECHNOLOGIST: AN

TRANSCRIBED DATE: 12/01/2006 14:14

TRANSCRIPTIONIST: BS

PRELIMINARY UNLESS SIGNED BY PHYSICIAN

*** END OF REPORT ***

CLINICAL DATA GENERAL

NAME	AGE	SEX	S M D W
ADDRESS	PHONE	DATE	
E-MAIL	CELL PHONE	594	
SPONSOR	ADDRESS		
OCCUPATION	REF BY	ACKN	
11 Tyron Works	9:25	10:15	Green X
NOV 30, 2005	CONSULT/CH		M: 12/7/06 (PI)

off for
week
cold

2000

Sharp
pain

Sheddy
Bachman Eyes

5-10 sec

de after

no ppt

none
6-9
no

Gum

Shak
sent home
hydrocortisone

Syncope

no seizure

1/4 hr

Finger tips
numb

2 1/2 weeks
Developed drug
rash
swollen

Pruritic

Worse
HR

very severe

Blood
nose
vomited

A008902348-70544

A008902320-70551

Alabama Neurological Clinic

P.O. Box 11368
Montgomery, Alabama 36111
(334) 281-7280 Fax (334) 281-0042

595

Hamp H. Greene, M.D.
W. Joseph Leuschke, M.D.

Stephen R. Bryan, M.D.
Pamela A. Pacquiao, M.D.

Joey R. Boiser, M.D.
Leah O. Sanchez, M.D.

November 30, 2006

Shaikh Wahiduzzaman, M.D.
4305 Atlanta Highway
Montgomery, AL 36109

RE: Tyron Works

Dear Dr. Wahid:

Thank you for your kind referral for neurologic consultation on Tyron Works. This 34-year-old Afro-American male in 2000 began to have intermittent sharp shooting pains in the occipital area, go up behind his eyes. They will last 5 to 10 seconds, and his head will be sore the following day. He was treated with medication for this type, which he does not remember, and he has not experienced it in nine months. Approximately two weeks ago, he awakened in the middle of the night with a severe headache that rapidly progressed. It was left and right hemicranial at times, frontal, was quite severe, associated with nausea vomiting photophobia, phonophobia, and when he would blow his nose, blood would come out. He had some vomiting with this headache and had blood-tinged vomitus. He had some visual blurring with this. The headache gradually decreased in severity, but has persisted. He was sent to VA Hospital, a non-contrast CT brain scan had been obtained and was unremarkable. He was placed on ketorolac and Zomig to take. He has had persistence in the headache. He had blood studies that were reported to him as being unremarkable. This included a normal CBC and a sed rate of 19.

PAST MEDICAL HISTORY: Reveals he had atrial fibrillation in November of 2004. He had back surgery in February of 2005.

ALLERGIES: He is allergic to typhoid vaccine and Motrin.

CURRENT MEDICATIONS: He is on diltiazem and metoprolol.

SOCIAL HISTORY: He does not smoke, does drink alcohol, and does drink caffeinated beverages. He is a probation officer. Married for the third time. He has some stress in his life. He has problems getting asleep and staying asleep.

FAMILY HISTORY: Positive for hypertension. He had a brother who died of HIV.

6

Tyron Works
November 30, 2006
Page 2

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PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure is 130/84. Pulse is regular.

NEUROVASCULAR EXAM: Unremarkable.

There is no evidence of ptosis or pupillary assymetry. I could palpate no tenderness over the carotid arteries. The remainder of the neurologic exam is unremarkable.

IMPRESSION:

1. Recent severe headache with sudden onset with persistent headache.
2. History of atrial fibrillation.
3. History of occipital headaches in the past.

PLAN: He has never had an MR scan. I am obtaining an MRI with intracranial MRA. In the interim, I have given him Frova samples 2.5 mg to take every 12 hours as I explained to him not to use this in conjunction with the Zomig. I will see him following his MRI and MRA.

Sincerely,

Hamp H. Greene, M.D.

HHG/ret 12-02-06

cc: Jefferson Underwood III, M.D.

597

NAME Tyron Works

NEUROLOGICAL CLINICAL HISTORY FORM

1. PAST HISTORY

Please check below if you have had any of the following:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Severe recurrent headaches | <input type="checkbox"/> Hiatal hernia |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Inner ear disease |
| <input checked="" type="checkbox"/> Weakness of any part of your body | <input type="checkbox"/> Heart attack |
| <input checked="" type="checkbox"/> Recurrent dizziness | <input checked="" type="checkbox"/> Problems with irregular heart beat <u>A-Fib</u> |
| <input type="checkbox"/> Double vision | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Loss of vision in one eye for a short time | <input type="checkbox"/> High blood pressure |
| <input checked="" type="checkbox"/> Flashing Lights in your eyes | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Burning feet | <input checked="" type="checkbox"/> Asthma |
| <input type="checkbox"/> Problems starting urination | <input type="checkbox"/> Chronic bronchitis |
| <input type="checkbox"/> Problems controlling urine | <input type="checkbox"/> Any lung problems? |
| <input type="checkbox"/> Difficulty controlling your feet and arms | <input type="checkbox"/> Kidney failure |
| <input type="checkbox"/> Problems with speech | <input type="checkbox"/> Kidney infection |
| <input type="checkbox"/> Problems with hearing loss | <input type="checkbox"/> Blood in your urine |
| <input type="checkbox"/> Ringing in the ears | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Do you hear your own pulse? | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Peptic ulcer | <input type="checkbox"/> Chronic rashes |
| <input type="checkbox"/> Chronic abdominal pain | <input type="checkbox"/> Female problems |
| <input type="checkbox"/> Chronic diarrhea | <input type="checkbox"/> Any other medical problems? |
| <input type="checkbox"/> Weight gain | _____ |
| <input type="checkbox"/> Weight loss | _____ |

598

-2-

PAST MEDICAL HISTORY

1. HAVE YOU EVER BEEN HOSPITALIZED BEFORE? yes
PLEASE LIST HOSPITAL, APPROXIMATE DATE, AND REASON.
Baptist East Nov 04 Chest Pain (A-Fib)
Baptist South Feb 05 Back surgery
2. ARE YOU ALLERGIC TO ANY MEDICINES OR DYES? yes
PLEASE LIST IF ANSWER IS YES.
Typhoid Vaccine
Mushrooms
3. **FEMALES ONLY** - DO YOU TAKE BIRTH CONTROL PILLS? _____
DO YOU TAKE HORMONES? _____
DATE OF LAST MENSTRUAL CYCLE. _____
4. PLEASE LIST ALL MEDICATIONS YOU ARE TAKING AND FOR HOW LONG.
Diltiaz Zomig
Metoprolol Tartrate
Ketorolac
5. DO YOU SMOKE? NO
IF ANSWER IS YES HOW MANY PACKS PER DAY _____ AND FOR
HOW LONG? _____
6. DO YOU DRINK ALCOHOL? yes
IF THE ANSWER IS YES HOW MANY DRINKS PER DAY AND WHAT TYPE?

7. DO YOU DRINK CAFFEINATED BEVERAGES? yes
CUPS OF COFFEE 1 a day
ICE TEA 2 a day
SOFT DRINKS 2 a day
8. HAVE YOU EVER HAD A BLOOD TRANSFUSION? NO

SOCIAL HISTORY

1. OCCUPATION Probation officer
2. NUMBER OF HOURS WORKED PER WEEK 35 - 40

9

599

-3-

3. ARE YOU MARRIED? Yes
4. HOW MANY TIMES HAVE YOU BEEN MARRIED? 3
5. DO YOU HAVE UNDUE STRESS IN YOUR LIFE? Yes
 MARRIAGE NO School yes
 JOB NO
 FAMILY NO
6. DO YOU HAVE ANY PROBLEMS WITH THE FOLLOWING?
 GETTING TO SLEEP? yes
 SLEEPING? yes
 STAYING ASLEEP? yes
7. ENERGY:
 DO YOU WAKE UP TIRED? yes
 ARE YOU TIRED ALL DAY? yes
- APPETITE:
 OVER EATING? yes
 UNDER EATING? yes
- INTEREST IN LIFE? Things I would like to complete
 CRYING SPELLS? Feel like crying but don't actually cry.
8. HAVE YOU EVER CONTEMPLATED SUICIDE? NO
 HAVE YOU EVER TRIED TO KILL YOURSELF? NO

FAMILY HISTORY

- | | | | |
|------------------------------|----------------------|------------------|-----------------------------------|
| 1. FATHER'S AGE | <u>Deceased</u> | STATE OF HEALTH | <u>Liver failure</u> |
| IF DECEASED, CAUSE OF DEATH. | | | |
| 2. MOTHER'S AGE | <u>67</u> | STATE OF HEALTH | <u>Good</u> |
| IF DECEASED, CAUSE OF DEATH. | | | |
| 3. BROTHERS AGE | <u>Deceased / 49</u> | STATE OF HEALTH | <u>Good</u> |
| IF DECEASED, CAUSE OF DEATH. | | <u>Hiv</u> | |
| 4. SISTERS AGE | <u>42</u> | STATE OF HEALTH | <u>Good / High Blood Pressure</u> |
| IF DECEASED, CAUSE OF DEATH. | | | |
| 5. CHILDREN AGES | <u>6</u> | STATES OF HEALTH | <u>Good</u> |
| IF DECEASED, CAUSE OF DEATH. | | | |

600

-4-

6. DOES ANY ONE IN THE FAMILY HAVE:

HIGH BLOOD PRESSURE	<u>yes</u>
HEART DISEASE	<u> </u>
EMOTIONAL ILLNESS	<u> </u>
BAD HEADACHES	<u> </u>
NERVOUS SYSTEM DISEASE	<u> </u>
DIABETES	<u>yes</u>
STROKE	<u>yes</u>
TREMORS	<u> </u>
SPINE DISEASE	<u> </u>
MEMORY PROBLEMS	<u>yes</u>
SEIZURES OR EPILEPSY	<u> </u>

YOUR HEADACHE HISTORY*

601

Name: Tyron WorksAge: 34 Date: 11/29/06

PATIENT USE

Directions:

By completing this headache history, you will help the doctor diagnose your headache condition and find the best treatment for you. Use the chart below to describe your headache(s). Some people experience different types of headaches. For example, one person might suffer from a dull, gnawing headache almost every day, but also have a severely painful headache a couple of times a month. The chart on this page gives you space to describe each type of headache you may have in detail.

How many days in a month do you have headaches? _____

	HEADACHE TYPE #1	HEADACHE TYPE #2	HEADACHE TYPE #3
How bad does your headache pain usually get, on a scale of 1 to 3? 1 = mild/dull; 2 = moderate; 3 = severe/unbearable	Circle the number that describes your pain: 1 2 <u>3</u>	Circle the number that describes your pain: 1 2 <u>3</u>	Circle the number that describes your pain: 1 2 3
How do your headaches affect your regular activities?	<input type="checkbox"/> No effect on my activities <input type="checkbox"/> I carry out my activities fairly well <input type="checkbox"/> I cut out all but the most important activities <input checked="" type="checkbox"/> I miss work or stay in bed	<input type="checkbox"/> No effect on my activities <input type="checkbox"/> I carry out my activities fairly well <input type="checkbox"/> I cut out all but the most important activities <input checked="" type="checkbox"/> I miss work or stay in bed	<input type="checkbox"/> No effect on my activities <input type="checkbox"/> I carry out my activities fairly well <input type="checkbox"/> I cut out all but the most important activities <input type="checkbox"/> I miss work or stay in bed
When did you first start getting these headaches?	<u>about 2 wks ago</u>	<u>about 2000</u>	
How often did you have these headaches when they first began?	<u>once</u>	<u>Every other Day</u>	
How often do you have these headaches now?			
How long does your headache pain usually last?	<u>3</u> minutes _____ hours days _____ weeks	<u>2</u> minutes _____ hours days _____ weeks	_____ minutes _____ hours _____ days _____ weeks
Where does your head hurt? (Check all that apply)	<input checked="" type="checkbox"/> Left side <input checked="" type="checkbox"/> Right side <input type="checkbox"/> All over <input type="checkbox"/> It changes <input checked="" type="checkbox"/> Front, forehead, face, jaw <input type="checkbox"/> Back or near the neck <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Left side <input checked="" type="checkbox"/> Right side <input type="checkbox"/> All over <input checked="" type="checkbox"/> It changes <input type="checkbox"/> Front, forehead, face, jaw <input checked="" type="checkbox"/> Back or near the neck <input type="checkbox"/> Other	<input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> All over <input type="checkbox"/> It changes <input type="checkbox"/> Front, forehead, face, jaw <input type="checkbox"/> Back or near the neck <input type="checkbox"/> Other
Describe the type of pain you have? (Check all that apply)	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull ache <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input checked="" type="checkbox"/> Squeezing <input checked="" type="checkbox"/> Pressure <input type="checkbox"/> Throbbing <input type="checkbox"/> Pounding	<input checked="" type="checkbox"/> Sharp <input type="checkbox"/> Dull ache <input checked="" type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Squeezing <input type="checkbox"/> Pressure <input type="checkbox"/> Throbbing <input type="checkbox"/> Pounding	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull ache <input type="checkbox"/> Stabbing <input type="checkbox"/> Burning <input type="checkbox"/> Squeezing <input type="checkbox"/> Pressure <input type="checkbox"/> Throbbing <input type="checkbox"/> Pounding
What other symptoms do you get with your headaches? (Check all that apply)	<input type="checkbox"/> None <input checked="" type="checkbox"/> I vomit <input checked="" type="checkbox"/> I'm bothered by light <input checked="" type="checkbox"/> I'm bothered by noise <input checked="" type="checkbox"/> I have nausea or no appetite <input checked="" type="checkbox"/> I feel cold <input checked="" type="checkbox"/> I have difficulty thinking <input checked="" type="checkbox"/> I feel dizzy <input checked="" type="checkbox"/> Other <u>Bloody nose</u> <u>Blood in vomit</u>	<input type="checkbox"/> None <input type="checkbox"/> I vomit <input checked="" type="checkbox"/> I'm bothered by light <input checked="" type="checkbox"/> I'm bothered by noise <input checked="" type="checkbox"/> I have nausea or no appetite <input type="checkbox"/> I feel cold <input type="checkbox"/> I have difficulty thinking <input checked="" type="checkbox"/> I feel dizzy <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> I vomit <input type="checkbox"/> I'm bothered by light <input type="checkbox"/> I'm bothered by noise <input type="checkbox"/> I have nausea or no appetite <input type="checkbox"/> I feel cold <input type="checkbox"/> I have difficulty thinking <input type="checkbox"/> I feel dizzy <input type="checkbox"/> Other
Do you notice any visual changes (zigzag lines, flashing lights) at the time of your headache?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your headache pain get worse with any kind of physical activity — such as climbing stairs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

(continued)

12

YOUR HEADACHE HISTORY*

(continued)

* Have taken before a while ago.

602

CURRENT MEDICINES Please list all of the medicines you are now taking (headache and other medicines). Include over-the-counter pain relievers.

Name of medicine	How much (total mg per dose)	How taken (pill, patch, injection, suppository)	Number of times taken per day	Date you started taking medicine (month/year)	Amount of relief you get* (0 - 3) or D/A	Problems you have with the medicine (i.e., side effects)
Diltiaz	120/24	Pill	1	Nov 04		
* Ketorolac	10	pill	1	Oct 06		
* Metoprolol	50	pill	2	Nov 06		
Zomig	5mg	pill	1	Nov 06		

*0 = no relief 1 = mild relief 2 = moderate relief 3 = complete relief D/A = doesn't apply

PAST MEDICINES Please list all of the medicines you have taken in the past for your headaches. Include over-the-counter pain relievers.

Name of medicine	How much (total mg per dose)	How taken (pill, patch, injection, suppository)	Number of times taken per day	Date you started taking medicine (month/year)	Amount of relief you get* (0 - 3) or D/A	Problems you have with the medicine (i.e., side effects)
Tylenol						

*0 = no relief 1 = mild relief 2 = moderate relief 3 = complete relief D/A = doesn't apply

HEADACHE TRIGGERS Please check any of the following you feel may "trigger" or start your headaches:

- ☐ Alcohol ☒ Sun ☐ Too much sleep ☐ Vacations
☐ Fasting ☐ Seasonal changes ☐ Changes in usual sleep pattern ☐ Weekends
☐ Foods (list): _____ ☐ Weather changes ☐ Exertion (such as walking up stairs) ☐ Let-down periods (following a big event)
☒ Odors ☐ Altitude changes ☐ Menstrual period ☐ Allergies or sinus problems
☒ Bright lights ☐ Lack of sleep ☒ Stress ☐ Other _____

YOUR FAMILY HISTORY

Does anyone in your family experience troublesome or disabling headaches? If so, who, and what kind of headaches?

Don't know

Has anyone in your family had seizures, stroke, or any similar problems?

yes. Grandmother (stroke) Cousin (Anurisium)

Does anyone in your family have heart problems, mental illness, or allergies? If so, who, and what kind of problem?

yes. Seasonal Allergies

Women: At what age did your mother go into menopause?

YOUR LIFESTYLE HABITS

Do you smoke? ☐ Yes ☒ No If Yes, how many packs per day? _____ For how many years? _____Do you drink alcohol? ☒ Yes ☐ No If Yes, how often? ☐ Daily ☐ 1-2 times per week ☒ Occasionally ☐ RarelyDo you drink coffee, tea, iced tea, or caffeinated sodas? ☒ Yes ☐ No What do you drink, and how much? occasionallyDo you eat foods or drink beverages that contain artificial sweeteners? ☒ Yes ☐ No If Yes, what and how much? _____Do you take any vitamin, mineral, or herbal supplements? ☒ Yes ☐ No If Yes, please describe. Vitamin C, Cod liver oil

How well do you sleep? Not well When do you usually go to sleep? 3:00 am/pm Wake up? 6:30 am/pm

Wake up during the night

PREVIOUS MEDICAL CARE

Have you ever visited a doctor for your headaches? ☒ Yes ☐ No If Yes, who was your doctor? Dr Bell (VA Medical C.

Describe any medical tests you've had for your headaches and the test results.

B

Law Offices of
S. Kay Dansby, PC

603

Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

FACSIMILE TRANSMITTAL

To: Sir/Madam

Fax Number: (334) 223-7069

Date: March 13, 2007

Re: Tyron Works
SSN 419-08-7667
SCHEDULED March 22, 2007; ALJ Reamon

Pages: 2, includes cover

Message: Please associate Medications List with claimant's file.

Thank you, Stacy Gray

Received
MAR 19 2007
ODAR

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

Social Security Administration/Office of Hearings and Appeals

Form Approved
OMB No. 0960-0289

604

CLAIMANT'S MEDICATIONS**A. To be completed by Hearing Office**

(Claimant and Social Security Number)

Tyron Works
419-08-7667(Wage Earner and Social Security Number)
(Leave blank if same as claimant)

The last time we brought your case up-to-date was.

March 13, 2007

B. To be completed by the claimant**PLEASE PRINT**

PLEASE LIST BELOW THE PRESCRIPTION MEDICATION WHICH YOU ARE PRESENTLY TAKING. IF THE NAME OF THE MEDICATION IS NOT SHOWN ON THE PRESCRIPTION CONTAINER, YOU MAY VERIFY THE NAME WITH YOUR PHARMACIST.

NAME OF MEDICATION & DOSAGE	DATE FIRST PRESCRIBED	DAILY AMOUNT TAKEN	REASON FOR MEDICATION	NAME OF PHYSICIAN
Skelaxin 800mg	Unknown	3 daily	Muscle Spasm	Dr. Pinchback
Darvocet N100	Unknown	1-2 every 4 hours PRN	Pain	Dr. Pinchback
Cardizem CD 120/24mg	Unknown	1 daily	Atrial Fibrillation	Dr. Arrellano
Phenergan 25mg	Unknown	PRN	Nausea	Dr. Underwood
Hydroco/APAP-500mg	Unknown	1-2 every 4 hours PRN	Pain	Dr. Pinchback
Combivent Inhalation	Unknown	2 puffs 2 times daily	Asthma	VA
Celebrex	Unknown	PRN	Pain	Dr. Pinchback
Ecotrin	Unknown	1 daily	Aspirin	Dr. Arrellano
Amerge	Unknown	PRN	Headaches	Dr. Arellano
Protonix 40mg	Unknown	1 daily	GERD	Dr. Arellano

PLEASE LIST BELOW THE NONPRESCRIPTION MEDICATION YOU ARE TAKING AND THE REASONS YOU TAKE THEM.

15

Group ID# 1766897

WORKS, TYRON 419-08-7667 DOB-FEB 06, 1972 M

Exm Date: NOV 13, 2006@08:04

Req Phys: BOYD, BILLY W

Pat Loc: M-EMERGENCY DEPARTMENT (Req'g

Img Loc: M-CT SCAN

Service: Unknown

605

(Case 16 COMPLETE) CT HEAD W/O CONT

(CT Detailed) CPT:70450

Clinical History:

veteran with hx migraine headaches has severe headache, different from his usual migraines. r/o CNS bleed. Wet read, please. Call ex 4377

Report Status: Verified

Date Reported: NOV 13, 2006

Date Verified: NOV 13, 2006

Verifier E-Sig:/ES/VICHAJ CHAICHARNCHEEP

Report:

CT HEAD WITHOUT CONTRAST

CT scan of the head was performed without IV contrast. The ventricles and cortical sulci appear normal. There is no evidence of hemorrhage, midline shift, tumor or infarction. No evidence of hyperdense MCA sign or hypoattenuated lentiform nuclei or loss of the "insular ribbon" to suggest hyperacute middle cerebral infarction is noted.

Impression:

Normal noncontrast CT scan of the head.

Primary Diagnostic Code: NORMAL

Primary Interpreting Staff:

VICHAJ CHAICHARNCHEEP, STAFF RADIOLOGIST (Verifier)
/VIC

** REPORT Mar 05, 2007 2:06:28 pm **

ADMINISTRATIVE
LAW JUDGE
MAR 12 2007
REGION IV
MONTGOMERY

Exhibit No

13F

Page 10

38 pages



**Veterans Administration Medical Center
Pulmonary Function Laboratory**

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Pulmonary Function Analysis

Patient: WORKS, TYRON

Id: 419-08-7667

Date: 05/15/06

Physician: BELL, CRNP

Technician: NEUMAN, RRT/CPFT

Age: 34

Height(in): 72

Weight(lb): 207

Gender: Male

Race: Black

Spirometry

	Ref	Pre Meas	Pre % Ref	Post Meas	Post % Ref	Post % Chg
FVC Liters	5.65	3.40	60	3.26	58	-4
FEV1 Liters	4.66	2.97	64	2.86	61	-4
FEV1/FVC %	83	87		88		
FEF25-75%L/sec	4.84	3.84	79	3.81	79	-1
FEF50% L/sec	5.73	4.79	84	4.53	79	-6
PEF L/sec	10.00	9.36	94	5.51	55	-41
FEF/FIF50	<1.00	1.87		2.01		7

Lung Volumes

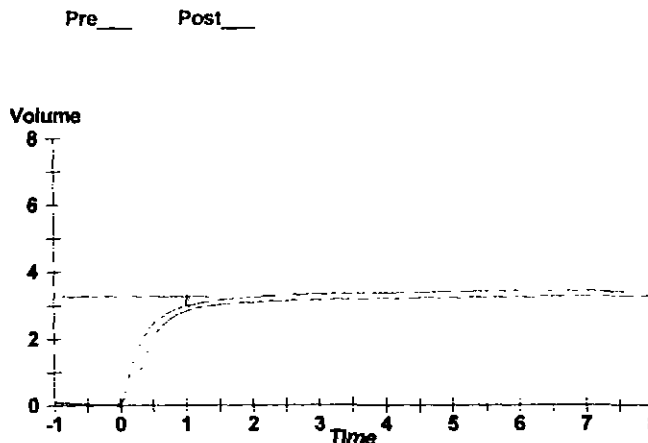
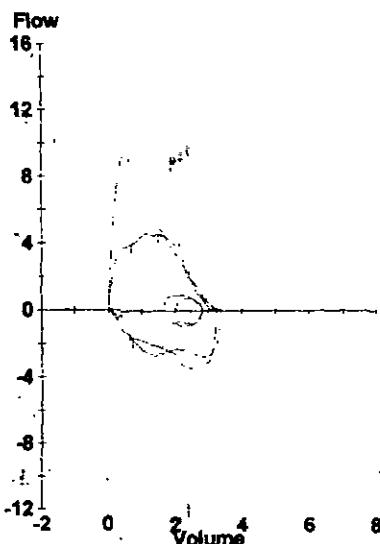
TLC Liters	7.53
RV Liters	2.07
RV/TLC %	28
FRC N2 Liters	3.85
FRC PL Liters	3.85

Diffusion

DLCO mL/mmHg/min	32.2
DL Adj mL/mmHg/min	32.2
DLCO/VA mL/mmHg/min/L	4.47
DLVA Adj mL/mmHg/min/L	
VA Liters	7.54

Airway Resistance

Raw cmH2O/L/sec	2.50
sGaw L/s/cmH2O/L	0.200



Comments:

REASON FOR TEST: ASTHMA.

PT HAS NOT USED HIS RESP. MEDS TODAY. HE IS A LIFETIME NON-SMOKER. PT UNDERSTOOD INSTRUCTIONS. POST BRONCHODILATOR STIMULATED COUGH REFLEX RESULTS MAY NOT BE MAXIMAL.

Interpretation

There is no obstructive lung defect indicated by the FEV1/FVC ratio. Since VC is 60% of predicted, an additional restrictive lung defect cannot be excluded by spirometry alone. On the basis of this study, more detailed pulmonary function testing may be useful if clinically indicated. This is interpreted as an insignificant response to bronchodilator.

Group ID# 1381755

WORKS, TYRON 419-08-7667 DOB-FEB 06, 1972 M

Exm Date: MAR 24, 2006@12:28

Req Phys: BELL, KAREN J

Pat Loc: M-K BELL NP-YELLOW TEAM WC 2 (

Img Loc: M-XRAY

Service: Unknown

607

(Case 2399 COMPLETE) CHEST 2 VIEWS PA&LAT

(RAD Detailed) CPT:71020

Clinical History:
coughing up Blood

Report Status: Verified

Date Reported: MAR 24, 2006

Date Verified: MAR 24, 2006

Verifier E-Sig:/ES/Virasak Choikiatikul, M.D.

Report:

Examination of the chest in frontal and lateral projections dated
3/24/06:

The heart is normal size. Aorta is slightly dilated and
uncoiled. There is no CHF or infiltrates. There are minimal
chronic bronchitis.

A few small calcified granulomas are noted in the right lung
base and anterior left upper lobe, measuring 0.4 cm each. There
are minimal degenerative disc and scoliosis of the upper dorsal
spine.

Impression:

No CHF or infiltrates. A few small calcified granulomas.
Minimal chronic bronchitis.

Primary Diagnostic Code: MINOR ABNORMALITY

Primary Interpreting Staff:

Virasak Choikiatikul, M.D, Staff Radiologist (Verifier)

/VC

** END REPORT Mar 05, 2007 2:06:57 pm **

Lab Result

Printed On Mar 05, 2007

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----- CBC -----

BLOOD	11/14 2006 16:31	11/14 2006 16:31	Units	Reference Ranges
WBC		6.7	K/CMM	4.5-10.8
RBC		5.43	M/u1	4-5.8
HGB		15.2	g/dL	13.8-18
HCT		44.7	%	41-54
MCV		82.2	f1	82-97
MCH		28.0	pg	27-33
MCHC		34.0	gm/dL	32-37
RDW		13.3	%	11-14.5
PLT		329	K/u1	130-400
MPV		7.9	f1	7.4-10.4
NE%		59.4	***	40-76
NE#		4.1	#	1.8-7.6
LYMPH %		29.1	***	15-40
LYMPH #		1.9	#	.7-4.3
MONO %		7.5	***	1-12
MONO #		0.5	#	.04-1.3
EO%		3.4	***	0-6
EO#		0.2	#	0-.6
BA%		0.6	***	0-2
BA#		0.0	#	0-.2
SEDRATE			mm/hr.	0-10
RETIC			%	.5-1.5
WESTERG	19 H		MM/HR	0-15
RET %			%	
RET #			#	

Comments:

a

- a. *** For test RDW Normals: 11.0-14.5 ***
 *** For test MONO % Normals: 1.0-12.0 ***
 *** For test LYMPH # Normals: 0.7-4.3 ***
 *** For test EO% Normals: 0.0-6.0 ***
 *** For test EO# Normals: 0.0-0.6 ***
 *** For test BA% Normals: 0-2.0 ***
 *** For test BA# Normals: 0.0-0.2 ***

----- CHEMISTRY -----

SERUM	11/14 2006 16:31	Units	Reference Ranges
GLUCOSE	84	mg/dL	73-112

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
 419087667

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BUN	10	mg/dL	5-21
CREAT	1.1	mg/dl	.6-1.4
NA	142	meq/L	135-145
K	3.6	meq/L	3.5-5
CL	105	meq/L	97-109
CO2	24.0	mmol/l	22-31
ANI GAP		meq/L	6-20
CAL OSM		mOsm/L	275-300
AMYLASE		IU/L	30-110
LIPASE		IU/L	5-78
CA	10.1	mg/dL	8.4-10.2
PO4		mg/dL	2.5-4.5
MG		mg/dl	2-2.8
VLDL		MG/DL	0-30
CHOL		mg/dL	120-200
TRIGLYC		mg/dL	48-192
HDL		mg/dl	34.9
LDL		mg/dl	0-129
URIC AC		mg/dL	3.5-8.5
PROTEIN	7.9	g/dl.	6.2-8.2
ALBUMIN	5.1 H	g/dL	3.4-5
SGOT		U/L	15-46
SGPT	49	U/L	7-56
LDH		U/L	313-618
ALK PHO	68	U/L	38-126
CPK		U/L	37-289
CKMB		U/L	0-10
TROP-I		ng/ml	0-.3
G-GTP		U/L	8-78
T. BIL	0.5	mg/dL	.2-1.3
D BILI		mg/dL	0-.4
I. BILI		MG/DL	.2-.9
ACID PH		U/L	
PA.PHOS		ng/mL	0-1.4
OSMOLAR		mOsm/kg	270-310

Comments: a

a. *** For test CREAT Normals: 0.6-1.4 ***

*** For test K Normals: 3.5-5.0 ***

Evaluation for CA:

SINCE CALCIUM IS BOUND TO SERUM ALBUMIN, PATIENTS WITH LOW SERUM ALBUMIN INVARIABLY HAVE LOW TOTAL CALCIUM LEVELS, BUT MAY HAVE NORMAL IONIZED CALCIUM.

*** For test ALBUMIN Normals: 3.4-5.0 ***

---- CHEMISTRY-II ----

SERUM 11/14

Reference

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2006 16:31	Units	Ranges
CK	IU/L	16-202
CKMB	ng/mL	0-10
%CKMB	%	0-5
SGOT~ 25	IU/L	9-34
LDH~	IU/L	107-238
GGT	IU/L	4-62
AMYLASE	IU/L	7-124
URIC AC	mg/dl	2.5-8.6

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Comments: a

a. Evaluation for SGOT~:

<< PLEASE TAKE NOTE >>

PREVIOUS REF.RANGE (PRIOR TO 3-23-05): 7-41 IU/L

NEW REF.RANGE (EFFECTIVE: 3-23-05): 9-34 IU/L

=====

---- SEROLOGY ----

SERUM	11/14 2006 16:31	Units	Reference Ranges
-------	------------------------	-------	---------------------

MONO TE			Neg
RHEUMAT	NEG	DILS	NEGATIVE
MUCIN			
VISCOS			
RPR			NON-REACTIVE
VDRL		DILS	-NON-REACT
ASO		IU/ML	0-240
COLD AG		DILS	
HCG BET		mIU/mL	0-10
ANA	<1:40	DILS	<1:40
CRYPTOC			
FTA			NR

Comments: a

a. Evaluation for RHEUMAT:

Strong positivity with low ANA usually means rheumatoid arthritis.

Weak RF, high ANA and anti-n-DNA, and low complement usually means SLE.

Weak and low ANA may indicate cryoglobulinemia, vasculitis or both.

Evaluation for ANA:

SIGNIFICANT TITER IS (=) OR (>) 1:80

TITERS <1:80 CONSIDERED NON-DIAGNOSTIC

*NOTE: STARTING DILUTION IS 1:40

A negative ANA test virtually rules out active systemic lupus

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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erythematosus (SLE). Low titers may occur in >30% of normal elderly patients. The ANA titer may not correlate with the clinical stage of disease, however titers $\geq 1:160$ are frequently associated with active disease. The patterns of staining may be helpful in determining a specific disease state as noted below:

SLE - Peripheral or Homogeneous (rarely speckled)

RA - Homogeneous

Scleroderma - speckled or nucleolar

Sjogren's syndrome - speckled

Mixed connective tissue disease - speckled

----- THYROID STUDIES -----

SERUM	11/14 2006 16:31	Reference Units	Ranges
-------	------------------------	--------------------	--------

T-3 RU	% uptake	25-35
T-4	ug/dl	3.8-11
FTI		1.5-4.4
TSH	3.27 uU/ml	.32-5
TBG	UG/ML	10-28
THYROGL	ng/ml	0-40
T3 (RIA)	ng/dL	65-164
T4 (RIA)	UG/DL	4.4-12.5
T3 FREE	pg/mL	2.4-4.5
FR T-4	1.0 ng/dl	.71-1.85
LL-TSH	mIU/ml	.32-5

Comments: a

a. Evaluation for FR T-4:

*NOTE: MINIMUM DETECTION LEVEL: 0.15 NG/DL

NEW REFERENCE RANGE EFFECTIVE: 3-27-92

*** For test TSH Normals: .32-5.0 ***

Evaluation for TSH:

EFFECTIVE 3-27-92, TSH IS PERFORMED IN-HOUSE ON AXSYM.

**NOTE: THIS METHODOLOGY IS FOR ULTRA SENSITIVE TSH.

----- MISCELLANEOUS TESTS -----

DATE	TIME	SPECIMEN	TEST	VALUE	Ref ranges
11/14/2006	16:31	SERUM	ENA-SM:	comment	INDEX
AB TO EXTRACTABLE NUCLEAR AG			7.5	U	<20.0
QUEST DIAGNOSTICS 14225 NEWBROOK DR. CHANTILLY, VA 22021-0841					
Evaluation for ENA-SM:					
SM AND SM/RNP AB (REF.RANGE):					

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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INDEX VALUES < OR = 1.00 (NEGATIVE)

INDEX VALUES >1.00 (POSITIVE)

=====

=====

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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Progress Note

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LOCAL TITLE: LSU NURSING DISPOSITION NOTE
 STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
 DATE OF NOTE: NOV 14, 2006@17:56 ENTRY DATE: NOV 14, 2006@17:56:31
 AUTHOR: JACKSON, MARY E EXP COSIGNER:
 URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON
 SSN: 419-08-7667
 DOB: FEB 6, 1972

1. Discharge Diagnosis: migraine headache
 2. Disposition:
☒ Follow up clinic appointment. Clinic name: yellow team
☐ Consult to:
☐ Admitted to inpatient unit:
☐ Other:
☐ Left AMA
 Comments:
 3. Nursing interventions given in LSU: medication, education on diagnosis and medication. bp monitoring
 4. After-care sheet given:
☒ yes, Sheet Title: migraine
☐ no
- (Refer to Interdisciplinary Patient Teaching Note)
5. Patient and/or family member/significant other verbalized understanding of post-care instructions: ☒ yes ☐ no
 Family member/significant other present:
 6. Condition: ☐ improved
☒ satisfactory
☐ unchanged
☐ worse

Comments: released in stable condition to home. encouraged to take medications as ordered and follow up with pcp for further care. PAIN REASSESSMENT

CURRENT PAIN LEVEL: 0

- (x) PATIENT SENT TO PHARMACY FOR MEDICATION PICK UP.
 (x) MEDICATION GIVEN IN LSU.
 (x) PATIENT WILL TAKE MEDICATION PREVIOUSLY PRESCRIBED.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
 435 Lurene Circle
 MONTGOMERY, ALABAMA 36109
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{Attending LSU physician to co-sign this note!}

Clinical Reminder(s) /

N-Medication Reconciliation:

NonVA meds were reviewed and reconciled.

/es/ MARY E JACKSON

RN STAFF NURSE

Signed: 11/14/2006 18:01

LOCAL TITLE: LSU NURSING NOTE

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: NOV 14, 2006@16:32

ENTRY DATE: NOV 14, 2006@16:32:49

AUTHOR: JACKSON, MARY E

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU NURSING NOTE Has ADDENDA ***

metoprolol 50mg po given for elevated bp and ketorolac 30mg im given for pain. tolerated well.

/es/ MARY E JACKSON

RN STAFF NURSE

Signed: 11/14/2006 16:45

11/14/2006 ADDENDUM

STATUS: COMPLETED

states that head fills better. eyes closed.

/es/ MARY E JACKSON

RN STAFF NURSE

Signed: 11/14/2006 17:00

LOCAL TITLE: LSU PHYSICIAN NOTE

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT E & M NOTE

DATE OF NOTE: NOV 14, 2006@16:24

ENTRY DATE: NOV 14, 2006@16:24:45

AUTHOR: MARTIN, PATRICIA A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

THIS PT PRESENTS TO THE LSU C/O SEVERE HEADACHE THAT HAS BEEN GOING ON FOR TWO DAYS. THE HEADACHE IS FRONTAL . DESCRIBED AS A VICE AROUND HIS HEAD. SOME NAUSEA, NO VOMITING.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

435 Lurene Circle

MONTGOMERY, ALABAMA 36109

419087667

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615

PMH
MIGRAINE

ON EXAM

Temperature: 97.3 F [36.3 C] (11/14/2006 13:57)
Pulse: 82 (11/14/2006 13:57)
Respiration: 16 (11/14/2006 13:57)
B/P: 124/80 (11/14/2006 13:57)
Pain: 9 (11/14/2006 13:57)
Height: 72 in [182.9 cm] (06/11/2006 10:30)
Weight: 214.7 lb [97.6 kg] (11/13/2006 06:30)

Pulse OX: 98

NEURO; AWAKE, ALERT, ORIENTED CR NER INTACT, EOMI

FUNDI; BENIGN

EQUAL TEMPORAL ART PULSATION, NON TENDER

MOTOR 5/5 X 4 EXT, DTR 0-1+ BIL, PLANTAR DOWN OR EQUIVOCAL

A/P 1. MIGRAINE HEADACHE

GIVEN TORADOL 30MG AND LOPRESSOR 50MG

HEADACHE IS GONE COMPLETELY WITH TORADOL AND LOPRESSOR AT 1745

GIVEN ZOMIG FOR MIGRAINES

START LOW DOSE LOPRESSOR 25 BID FOR POSSIBLE TENSION HEADACHE

/es/ PATRICIA A. MARTIN, MD

PHYSICIAN

Signed: 11/14/2006 17:45

LOCAL TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD

STANDARD TITLE: NURSING NOTE

DATE OF NOTE: NOV 14, 2006@14:04

ENTRY DATE: NOV 14, 2006@14:04:26

AUTHOR: SEARCY, STACEY L

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

Acute Pain Initial Assessment

Pain 4 or greater (Complete questions 1-14)

Please select only ONE screening tool used to obtain score below:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

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Screening Tool
Numeric Rating Scale (NRS)

616

Questions

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 9

2. LOCATION OF PAIN:

Migraine

3. ONSET: 2 days

4. DIAGNOSIS pertinent to pain:

Migrain

5. FREQUENCY and pattern of pain:

- (X) Constant
- () Intermittent
- () With Movement
- () Other (Specify):

6. INTENSITY of pain:

Worst pain level in last month: 10

Least pain level in last month: 8

Patient pain level intensity goal:

7. QUALITY how does patient describe pain?

- () Shooting
- () Stabbing
- () Sharp
- (X) Aching
- () Burning
- (X) Throbbing
- () Radiating
- () Dull
- () Other (Specify):

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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8. EXACERBATING FACTORS (What causes pain to increase?):

617

- ☐ Movement
- ☐ ADL's
- ☐ Stress
- ☐ Treatments
- ☐ Other (Specify):
light

9. ALLEVIATING FACTORS (What relieves pain?):

- ☐ Rest
- ☐ Sleep
- ☐ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☐ Other (Specify):
0

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list):
see profile

Non-Pharmacological interventions:
none

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☐ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☐ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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- () Sexuality
() Other (Specify):

618

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

13. EDUCATION related to pain management provided:

Go to "INTERDISCIPLINARY PATIENT/FAMILY EDUCATION" Note for documentation

Did patient verbalize understanding?

14: PLAN OF CARE:

a. Goal (list):
pain control and evaluation

b. Intervention (list)
refer to LSU

c. Evaluation/Effectiveness: Documented in BCMA/CPRS

Comments:

d. Refer to provider for treatment/interventions

YES

Comments:

/es/ STACEY L SEARCY

MSN

Signed: 11/14/2006 14:05

LOCAL TITLE: PRIMARY CARE TRIAGE NOTE

STANDARD TITLE: PRIMARY CARE TRIAGE NOTE

DATE OF NOTE: NOV 14, 2006@13:59

ENTRY DATE: NOV 14, 2006@13:59:20

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
435 Lurene Circle
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AUTHOR: SEARCY, STACEY L
URGENCY:EXP COSIGNER:
STATUS: COMPLETED

619

Patient Name: WORKS, TYRON
SSN: 419-08-7667
Age: 34
Gender: MALE

Vital Signs taken: YES

Temperature: 97.3 F [36.3 C] (11/14/2006 13:57)
Pulse: 82 (11/14/2006 13:57)
Respiration: 16 (11/14/2006 13:57)
B/P: 124/80 (11/14/2006 13:57)
Pain: 9 (11/14/2006 13:57)
Height: 72 in [182.9 cm] (06/11/2006 10:30)
Weight: 214.7 lb [97.6 kg] (11/13/2006 06:30)

Pulse OX: 98

Mode of arrival: AMBULATORY
If OTHER, please state:

Chief Complaint:

C/o severe headache evaluated in LSU yesterday for the same complaint states he was given an injection that made him sleepy but did not alleviate the pain. States this headache is the worst he has ever experienced and unlike his usual migraines. Nausea. Numbness both arms lasting approx 30-45 sec which started today. Evaluated at Primed prior to arrival suggested Immitrex. Alert and oriented. Speech coherent and respirations unlabored. Refer to LSU for further evaluation.

Patient given emergent care prior to arrival: NO
If YES, please state:Did you try to do anything to relieve your problem prior to your arrival? NO
If YES, please state:Was it effective? NO
If YES, please state:

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Last Tetanus:

620

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE

Herbals:NONE

OTC Medicines:

NONE

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED FOR PAIN	ACTIVE
3) MEPERIDINE 75MG (DEMEROL) TUBEX INJ INJECT 75MG/1ML INTRAMUSCULARLY NOW (CLINIC USE ONLY)	ACTIVE
4) PROMETHAZINE 25MG/CC (PHENERGAN) INJ INJECT 25MG/1ML INTRAMUSCULARLY NOW FOR MIGRAINE NAUSEA	ACTIVE
5) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
6) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

Active Non-VA Medications	Status
1) Non-VA ASPIRIN * 325MG BUFFERED TAB 325MG MOUTH EVERY DAY AS NEEDED	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
5) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

11 Total Medications

Triage Category:

Non Urgent

Disposition to:

Primary Care Team: LSU - Montgomery

Other:

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
435 Lurene Circle
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/es/ STACEY L SEARCY
MSN
Signed: 11/14/2006 14:04

621

LOCAL TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
STANDARD TITLE: EDUCATION INTERDISCIPLINARY NOTE
DATE OF NOTE: NOV 13, 2006@09:25 ENTRY DATE: NOV 13, 2006@09:25:33
AUTHOR: HARRIS,PATRICIA A EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

Medication administration

() No change since last visit.

1. Learning Abilities: Reads, Writes

Other (specify):

2. Readiness to Learn: Receptive

3. Barriers to Learning: Select items from the listing below that best describes barriers to learning. If there are no barriers, Select None. None

4. Translator required: NO

(contact the hospital operator)

5. Learning Preferences:Direct Teaching

5.Learning Needs: (X)Diagnosis ()Safety
(X)Medications ()Self Care
()Activity ()Treatments
()Tests ()Surgery
()Nutrition

Please make specific comments on any learning needs:

6. () Patient's or

() Significant others highest grade completed:

Comments:

7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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a. Plan of care treatment and services., e. Safe and effective use of medical equipment.

622

8. Outcome: (Click on each one that applies)

Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

10. General Equipment Training Certification:

Type of Equipment:

Serial Number:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment:

/es/ PATRICIA A. HARRIS

RN, MS, RHIA

Signed: 11/13/2006 09:25

LOCAL TITLE: LSU NURSING DISPOSITION NOTE

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: NOV 13, 2006@09:24

ENTRY DATE: NOV 13, 2006@09:24:32

AUTHOR: HARRIS, PATRICIA A

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis:

2. Disposition: Home

☒ Follow up clinic appointment. Clinic name: PCC

☐ Consult to:

☐ Admitted to inpatient unit:

☐ Other:

☐ Left AMA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

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Comments:

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3. Nursing interventions given in LSU: Refer to LSU notes. CT of head done. Discharge from LSU in no acute distress. Medications were picked up from the pharmacy by his wife.

4. After-care sheet given:

☒ yes, Sheet Title: Medication care notes

☐ no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care

instructions: ☒ yes ☐ no

Family member/significant other present:

6. Condition: ☐ improved

☒ satisfactory

☐ unchanged

☐ worse

Comments: Patient verbalized a pain level of ____ upon discharge.

{Attending LSU physician to co-sign this note!}

/es/ PATRICIA A. HARRIS

RN,MS,RHIA

Signed: 11/13/2006 09:25

LOCAL TITLE: LSU NURSING NOTE

STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE

DATE OF NOTE: NOV 13, 2006@06:50

ENTRY DATE: NOV 13, 2006@06:51:01

AUTHOR: MCCANTS, ANNIE M

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU NURSING NOTE Has ADDENDA ***

75mg Demerol/25mg Phenergan given IM to left gluteal. Tolerated injection well and without complaint.

/es/ ANNIE M MCCANTS

LPN

Signed: 11/13/2006 06:52

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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11/13/2006 ADDENDUM

STATUS: COMPLETED

624

Patient stated pain had decreased to 5 on a scale 1-10 / mild nausea / resp eupnic / reg / eyes closed / calm / no acute distress / stable

/es/ MICHAEL J. HINTON

RNC, BSN

Signed: 11/13/2006 07:33

LOCAL TITLE: LSU PHYSICIAN NOTE

STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT E & M NOTE

DATE OF NOTE: NOV 13, 2006@06:43

ENTRY DATE: NOV 13, 2006@06:43:12

AUTHOR: BOYD, BILLY W

EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

*** LSU PHYSICIAN NOTE Has ADDENDA ***

S: veteran with hx of migraine headaches c/o severe headache. Onset this a.m. about 2 a.m., 5 hours ago. Some associated nausea, but no vomiting. Light and noise sensitive. Locates bifrontal but says feels like pressure "trying to squeeze his brain out of his head." Worst headache he has had

O: alert. afebrile. VS stable. BP 131/89. P 88. O2 sat WNL at 98% on room air. PERRLA. EOM's intact. Fundi benign. Heart- reg rate and rhythm. Lungs- clear.

Abd- soft. Neuro- intact. Moves all 4's. alert. conversational.

A: migraine headache r/o CNS bleed

P: CT brain without contrast to be sure pt has not had CNS bleed. Demerol 75 mg IM/phenergan 25 mg IM for pain and nausea. Disposition based on result of CT brain scan.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 11/13/2006 06:51

11/13/2006 ADDENDUM

STATUS: COMPLETED

I have reviewed the nursing assessment and agree with it; medications reviewed and reconciled.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 11/13/2006 07:32

11/13/2006 ADDENDUM

STATUS: COMPLETED

CT brain scan head without contrast approved by Dr. Shroff.

/es/ BILLY W BOYD

MD, LSU PHYSICIAN

Signed: 11/13/2006 08:01

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

MONTGOMERY, ALABAMA 36109

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11/13/2006 ADDENDUM

STATUS: COMPLETED

625

CT brain scan without contrast of head--> WNL. Impression: migraine. Plan treat with lortab 5 mg po q 4 hrs prn, #42, no refills, as he is not getting relief from tramadol. Followup with PCP and team. CT brain findings discussed with pt and wife.

/es/ BILLY W BOYD
MD, LSU PHYSICIAN
Signed: 11/13/2006 08:57

LOCAL TITLE: LSU NURSING NOTE
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: NOV 13, 2006@06:41 ENTRY DATE: NOV 13, 2006@06:41:53
AUTHOR: HINTON, MICHAEL J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Clinical Reminder(s)/

N-Medication Reconciliation:

NonVA meds were reviewed and reconciled.

New NonVA medications have been added to chart.

/es/ MICHAEL J. HINTON
RNC, BSN
Signed: 11/13/2006 06:44

LOCAL TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: NOV 13, 2006@06:38 ENTRY DATE: NOV 13, 2006@06:38:36
AUTHOR: HINTON, MICHAEL J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Acute Pain Initial Assessment

Pain 4 or greater (Complete questions 1-14)

Please select only ONE screening tool used to obtain score below:

Screening Tool

Numeric Rating Scale (NRS)

Questions

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 10

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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2. LOCATION OF PAIN:

626

Head

3. ONSET: Nov 13, 2006

4. DIAGNOSIS pertinent to pain:

hx of migraine

5. FREQUENCY and pattern of pain:

- ☒ Constant
- ☐ Intermittent
- ☐ With Movement
- ☐ Other (Specify):

6. INTENSITY of pain:

Worst pain level in last month: 0
Least pain level in last month: 0
Patient pain level intensity goal: 0

7. QUALITY how does patient describe pain?

- ☐ Shooting
- ☐ Stabbing
- ☒ Sharp
- ☐ Aching
- ☐ Burning
- ☐ Throbbing
- ☐ Radiating
- ☐ Dull
- ☐ Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- ☒ Movement
- ☐ ADL's
- ☐ Stress
- ☐ Treatments
- ☐ Other (Specify):

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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9. ALLEVIATING FACTORS (What relieves pain?):

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- ☐ Rest
- ☐ Sleep
- ☐ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☒ Other (Specify):

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list):
asa

Non-Pharmacological interventions:
eyes closed

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☒ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☐ Normal Work
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

13. EDUCATION related to pain management provided:

Go to "INTERDISCIPLINARY PATIENT/FAMILY EDUCATION" Note for documentation

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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YES

Did patient verbalize understanding?

YES

14: PLAN OF CARE:

a. Goal (list):
Decrease pain

b. Intervention (list)
See MD Note

c. Evaluation/Effectiveness: Documented in BCMA/CPRS

YES
Comments:

d. Refer to provider for treatment/interventions

YES
Comments:

/es/ MICHAEL J. HINTON
RNC, BSN
Signed: 11/13/2006 06:41

LOCAL TITLE: PRIMARY CARE TRIAGE NOTE
STANDARD TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: NOV 13, 2006@06:31 ENTRY DATE: NOV 13, 2006@06:31:13
AUTHOR: HINTON,MICHAEL J EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** PRIMARY CARE TRIAGE NOTE Has ADDENDA ***

Patient Name: WORKS,TYRON
SSN: 419-08-7667
Age: 34
Gender: MALE

Vital Signs taken: YES

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
MONTGOMERY, ALABAMA 36109
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Temperature: 98 F [36.7 C] (11/13/2006 06:30)
Pulse: 88 (11/13/2006 06:30)
Respiration: 20 (11/13/2006 06:30)
B/P: 131/89 (11/13/2006 06:30)
Pain: 10 (11/13/2006 06:30)
Height: 72 in [182.9 cm] (06/11/2006 10:30)
Weight: 214.7 lb [97.6 kg] (11/13/2006 06:30)

Pulse OX: 98

Mode of arrival: AMBULATORY
If OTHER, please state:

Chief Complaint:

Patient presented to LSU in stable condition / per wc / alert and oriented / patient reports that he began to experience a severe HA this AM / photophobia / nausea / stated he took asa that was not effective / PERRL / no neuro deficit / placed on stretcher six and MD informed of arrival /

Patient given emergent care prior to arrival: NO
If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? NO
If YES, please state:

Was it effective? NO
If YES, please state:

Last Tetanus:

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:None

OTC Medicines: None

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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Active Medications: Active Outpatient Medications (including Supplies): **630**

Active Outpatient Medications	Status
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
3) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

Active Non-VA Medications	Status
1) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

7 Total Medications

Triage Category:

Emergent

Disposition to:

Primary Care Team: LSU - Montgomery

Other:

/es/ MICHAEL J. HINTON

RNC, BSN

Signed: 11/13/2006 06:38

11/13/2006 ADDENDUM

STATUS: COMPLETED

History of migraine headaches /

/es/ MICHAEL J. HINTON

RNC, BSN

Signed: 11/13/2006 06:46

LOCAL TITLE: PAIN REASSESSMENT

STANDARD TITLE: PAIN MEDICINE NOTE

DATE OF NOTE: JUL 30, 2006@10:42

ENTRY DATE: JUL 30, 2006@10:43:24

AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:

URGENCY:

STATUS: COMPLETED

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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PAIN REASSESSMENT

631

1. Patient's current pain scale score:9
2. Location of pain:back
3. Have initial interventions been effective in controlling pain?
Yes
(Look at pain graph in vital sign package and usage of PRN pain meds)

Comments:
no c/o when leaving

4. Was the patient's goal for pain control met?
Yes
5. If you answered no to questions 3 and/or 4, state new interventions planned to manage or control pain:

Please Note: Therapies with asterisks (*) may required order/consult

- () TENS unit*
- () Referral to PT*
- (X) Medication Change
- () Pain Education/Support Group
- () Provider Notified
- () Heat Application*
- () Cold Application*
- () Diversional activities
- () Referral to Pain Clinic*
- () Other (specify in area below)
- none

6. Pain education reinforced:

Yes

- () Proper Body Mechanics
- () Medication Education
- () Alternative Therapies
- () Managing Stress & Depression
- () Other: (specify in area below)

7. Patient's response to education/level of comprehension
Patient verbalized understanding

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
435 Lurene Circle
MONTGOMERY, ALABAMA 36109
419087667

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632

/es/ SUKONTARAG KLINPINIJ
RN-STAFF NURSE
Signed: 07/30/2006 10:45

LOCAL TITLE: INTERDISCIPLINARY PATIENT/FAMILY EDUCATION
STANDARD TITLE: EDUCATION INTERDISCIPLINARY NOTE
DATE OF NOTE: JUL 30, 2006@10:40 ENTRY DATE: JUL 30, 2006@10:41
AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Educational Needs Assessment (Be Specific):

() No change since last visit.

1. Learning Abilities: Reads, Writes
If other specify:

2. Readiness to Learn: Receptive

3. Barriers to Learning: Select items from the listing below that best describes barriers to learning. If there are no barriers, Select None. None

4. Translator required: NO
(contact the hospital operator)

5. Learning Preferences: Direct Teaching

5. Learning Needs: (X) Diagnosis (X) Safety
(X) Medications (X) Self Care
() Activity () Treatments
() Tests () Surgery
() Nutrition

Please make specific comments on any learning needs:

6. (X) Patient's or
() Significant others highest grade completed:
Other

Comments:

7. Instructions: At a minimum, document any education given for these categories "click a check mark" by each category of education given.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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a. Plan of care treatment and services., b. Basic health practice and safety., c. Safe and effective use of medications., of pain management. **633**

8. Outcome: (Click on each one that applies)

Verbalized understanding

9. Discipline of Instructor: (Each discipline should sign IDTR)
Nurse (RN, LPN)

10. General Equipment Training Certification:

Type of Equipment:

Serial Number:

Name of Person Receiving Orientation:

This patient or the responsible person identified above has been trained and certified competent to safely and effectively perform the functions associated with the aspect of the above listed equipment. A manufacturer's Handbook and/or Patient Education Materials were provided.

Comment:

/es/ SUKONTARAG KLINPINIJ

RN-STAFF NURSE

Signed: 07/30/2006 10:41

LOCAL TITLE: LSU NURSING DISPOSITION NOTE
STANDARD TITLE: NURSING EMERGENCY DEPARTMENT NOTE
DATE OF NOTE: JUL 30, 2006@10:36 ENTRY DATE: JUL 30, 2006@10:36:35
AUTHOR: KLINPINIJ, SUKONTARA EXP COSIGNER:
URGENCY: STATUS: COMPLETED

LSU NURSING DISPOSITION NOTE:

PATIENT'S NAME: WORKS, TYRON

SSN: 419-08-7667

DOB: FEB 6, 1972

1. Discharge Diagnosis: see md notes

2. Disposition: home

☒ Follow up clinic appointment. Clinic name:

☐ Consult to:

☐ Admitted to inpatient unit:

☐ Other:

☐ Left AMA

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON

435 Lurene Circle

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Comments:

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3. Nursing interventions given in LSU: lortab5 2tabs po given in LSU, toradol po and flexeril po prepack given to take home with explanation.

4. After-care sheet given:

[] yes, Sheet Title:

[x] no

(Refer to Interdisciplinary Patient Teaching Note)

5. Patient and/or family member/significant other verbalized understanding of post-care instructions: [x]yes []no
Family member/significant other present:

6. Condition: [] improved
[x] satisfactory
[] unchanged
[] worse

Comments: left ambulatory in stable condition with a family member with no c/o voiced.

{Attending LSU physician to co-sign this note!}

/es/ SUKONTARAG KLINPINIJ
RN-STAFF NURSE
Signed: 07/30/2006 10:40

LOCAL TITLE: LSU PHYSICIAN NOTE
STANDARD TITLE: PHYSICIAN EMERGENCY DEPARTMENT E & M NOTE
DATE OF NOTE: JUL 30, 2006@10:28 ENTRY DATE: JUL 30, 2006@10:28:51
AUTHOR: BRITT, BRIAN K EXP COSIGNER:
URGENCY: STATUS: COMPLETED

WORKS, TYRON IS A 34 Y/O MALE WITH CHIEF COMPLAINT OF LBP, WORSENER LAST PM. REPORTS PAIN WORSE WITH MOVEMENT. NO BOWEL OR BLADDER INCONTINENCE.

DURATION OF SYMPTOMS: ONE DAY
PATIENT REPORTS PAIN 9/10 INTENSITY.
ASSOCIATED SYMPTOMS: BACK SPASM
EXACERBATING OR MODIFYING FACTORS: MOVEMENT, NOT TAKING ANY MEDS
PATIENT DENIES HA, RUNNY NOSE, ST, COUGH, CP/SOB, ABD PAIN, N/V/D, DYSURIA,

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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FEVER/CHILLS.

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REVIEW OF SYSTEMS: SEE HPI. ROS OTHERWISE NEGATIVE.

NURSES NOTES REVIEWED, CONCUR

CHART REVIEWED

PMHX, SOCHX, FAMHX AS NOTED IN CHART

PROBLEM LIST:

Code	Description
493.90	Asthma, unspecified type, without mention of status asthmaticus or acute exacerb
836.2	Other tear of cartilage or meniscus of knee, current (ICD-9-CM 836.2)
477.8	Allergic rhinitis
465.9	Upper respiratory infection (ICD-9-CM 465.9)
719.46	Pain in joint involving lower leg (ICD-9-CM 719.46)
346.90	Migraine (ICD-9-CM 346.90)
530.81	Gastroesophageal Reflux Disorder (ICD-9-CM 530.81)
V45.89	Other Postsurgical Status
427.31	Atrial Fibrillation
367.0	Hypermetropia
367.20	Astigmatism, NOS

ALLERGIES: MUSHROOMS, TYPHOID VACCINE

MEDICATIONS:

Active Outpatient Medications (including Supplies):

COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
CYCLOBENZAPRINE 10MG (FLEXERIL) TAB TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED FOR MUSCLE RELAXATION	PENDING
HYDROCODONE 5/ACETAMINOPHEN 500MG TAB TAKE 2 TABLETS BY MOUTH NOW FOR PAIN	PENDING
KETOROLAC (TORADOL) 10MG TAB** TAKE ONE TABLET BY MOUTH THREE TIMES A DAY AS NEEDED WITH FOOD FOR PAIN & INFLAMMATION	PENDING
SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

VS NOTED

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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T: 98.6 F [37.0 C] (07/30/2006 10:07)
 P: 75 (07/30/2006 10:07)
 BP: 119/85 (07/30/2006 10:07)
 RR: 18 (07/30/2006 10:07)
 Pain: 9 (07/30/2006 10:07)
 WT: 215 lb [97.7 kg] (07/30/2006 10:07)

636

PHYSICAL EXAM:

GEN: A&OX3 NAD
 EYES: EOMI
 ENT: OP CLEAR, NARES PATENT
 NECK: SUPPLE, NO LAD
 RESP: LUNGS CTA BILAT
 CV: RRR
 ABD: SOFT NT ND, BS PRESENT
 GU: RECTAL DEFERRED
 EXT: NO C/C/E
 SKIN: NO RASH
 NEURO: CN GROSSLY INTACT, STRENGTH 5/5 BILAT LE
 NEG SLT BILAT
 PSYCH: NML AFFECT

LABORATORY DATA REVIEWED:

SODIUM	143 meq/L	(04/24/2006 09:53)
POTASSIUM	3.8 meq/L	(04/24/2006 09:53)
CHLORIDE	109 meq/L	(04/24/2006 09:53)
CO2	24.0 mmol/l	(04/24/2006 09:53)
BUN	8 mg/dL	(04/24/2006 09:53)
CREATININE	1.1 mg/dl	(04/24/2006 09:53)
GLUCOSE	92 mg/dL	(04/24/2006 09:53)
HGB	14.0 g/dL	(04/24/2006 09:53)
HCT	40.3 % L	(04/24/2006 09:53)
CHOL	182 mg/dL	(04/24/2006 09:53)
LDL	128.2 mg/dl	(04/24/2006 09:53)
HDL	35.0 mg/dl	(04/24/2006 09:53)
TRIG	94.0 mg/dL	(04/24/2006 09:53)

IMPRESSION & PLAN: 34 Y/O MALE WITH LBP

TORADOL 10 TID, QTY 12
 FLEXERIL 10 TID, QTY 9
 LORTAB 5 X TWO TABS
 PT COUNSELING & EDUCATION PROVIDED
 FOLLOW-UP WITH PRIMARY CARE

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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RETURN TO LSU PRN, OR IF SYMPTOMS WORSEN/PERSIST

637

/es/ BRIAN K BRITT
MD, LSU PHYSICIAN
Signed: 07/30/2006 10:31

LOCAL TITLE: PAIN ASSESSMENT AND MANAGEMENT RECORD
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: JUL 30, 2006@10:10 ENTRY DATE: JUL 30, 2006@10:10:24
AUTHOR: CLAXTON,CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Acute Pain Initial Assessment

Pain 4 or greater (Complete questions 1-14)

Please select only ONE screening tool used to obtain score below:

Screening Tool
Numeric Rating Scale (NRS)

Questions

Patient rates pain 0-10 scale: 0 = No Pain and 10 = Most Intense Pain

1. CURRENT PAIN RATING: 9

2. LOCATION OF PAIN:

lower back

3. ONSET: Jul 29,2006

4. DIAGNOSIS pertinent to pain:

chronic low back pain/fusion

5. FREQUENCY and pattern of pain:

- () Constant
- () Intermittent
- (X) With Movement
- () Other (Specify):

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

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6. INTENSITY of pain:

Worst pain level in last month: 10

Least pain level in last month:

Patient pain level intensity goal:

7. QUALITY how does patient describe pain?

- ☐ Shooting
- ☐ Stabbing
- ☐ Sharp
- ☒ Aching
- ☐ Burning
- ☐ Throbbing
- ☐ Radiating
- ☐ Dull
- ☐ Other (Specify):

8. EXACERBATING FACTORS (What causes pain to increase?):

- ☒ Movement
- ☒ ADL's
- ☒ Stress
- ☐ Treatments
- ☐ Other (Specify):

9. ALLEVIATING FACTORS (What relieves pain?):

- ☐ Rest
- ☐ Sleep
- ☒ Repositioning
- ☐ Eating
- ☐ Massage
- ☐ Heat
- ☐ Cold
- ☐ Exercise
- ☐ Other (Specify):

10. PRESENT PAIN THERAPY (Pharmacological and non-pharmacological):

Medication (list):

out of Lortab and Flexeril

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

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Non-Pharmacological interventions:

Other (Specify):

11. Indicate if PAIN AFFECTS daily function and/or quality of life:

- ☐ Sleep
- ☐ Mood
- ☒ General Activity
- ☐ Nutrition
- ☐ Elimination
- ☒ Normal Work.
- ☐ Ability to Concentrate
- ☐ Social Interaction
- ☐ Self Image
- ☐ Sexuality
- ☐ Other (Specify):

12. Is there ANYTHING ELSE you want to tell me about your pain?

Use patient's own words (List):

13. EDUCATION related to pain management provided:

Go to "INTERDISCIPLINARY PATIENT/FAMILY EDUCATION" Note for documentation

YES

Did patient verbalize understanding?

YES

14: PLAN OF CARE:

a. Goal (list):

pain intervention

b. Intervention (list)

refer to Dr Britt

c. Evaluation/Effectiveness: Documented in BCMA/CPRS

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
MONTGOMERY, ALABAMA 36109
419087667

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YES

Comments:

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d. Refer to provider for treatment/interventions

YES

Comments:

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 07/30/2006 10:12

LOCAL TITLE: PRIMARY CARE TRIAGE NOTE
STANDARD TITLE: PRIMARY CARE TRIAGE NOTE
DATE OF NOTE: JUL 30, 2006@10:08 ENTRY DATE: JUL 30, 2006@10:08:06
AUTHOR: CLAXTON, CYNTHIA R EXP COSIGNER:
URGENCY: STATUS: COMPLETED

Patient Name: WORKS, TYRON
SSN: 419-08-7667
Age: 34
Gender: MALE

Vital Signs taken: YES

Temperature: 98.6 F [37.0 C] (07/30/2006 10:07)
Pulse: 75 (07/30/2006 10:07)
Respiration: 18 (07/30/2006 10:07)
B/P: 119/85 (07/30/2006 10:07)
Pain: 9 (07/30/2006 10:07)
Height: 72 in [182.9 cm] (06/11/2006 10:30)
Weight: 215 lb [97.7 kg] (07/30/2006 10:07)

Pulse OX: 100

Mode of arrival: AMBULATORY
If OTHER, please state:

Chief Complaint:

Alert, oriented x3, resp regular and with ease. Gait steady but slow; c/o lower back pain since last night. States that he had a lower back fusion in the past. Sitting up and walking increases pain. Out of Lortab and Flexeril. Unable to work today as a Security Guard because of his pain. Refer to MD.

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
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MONTGOMERY, ALABAMA 36109
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Patient given emergent care prior to arrival: NO
If YES, please state:

Did you try to do anything to relieve your problem prior to your arrival? NO
If YES, please state:

Was it effective? NO
If YES, please state:

Last Tetanus:

Immunization:

Allergies:MUSHROOMS, TYPHOID VACCINE
Herbals:

OTC Medicines:

Active Medications:Active Outpatient Medications (including Supplies):

Active Outpatient Medications	Status
1) COMBIVENT INHALER INHALE 2 PUFFS BY MOUTH THREE TIMES A DAY FOR BREATHING (SHAKE WELL BEFORE USING)	ACTIVE
2) SALMETEROL DISKUS (SEREVENT) 50MCG 60 INHALE ONE INHALATION BY MOUTH EVERY 12 HOURS (CONTAINS 60 DOSES-DISCARD WHEN EMPTY OR 6 WEEKS FROM OPENING POUCH)	ACTIVE
3) TRAMADOL 50MG (ULTRAM) TAB TAKE ONE TABLET (50MG) BY MOUTH TWICE A DAY AS NEEDED FOR PAIN	ACTIVE

Active Non-VA Medications	Status
1) Non-VA OTHER NON-VA MED MISCELLANEOUS CARDIZEM	ACTIVE
2) Non-VA OTHER NON-VA MED MISCELLANEOUS HYDROCODONE	ACTIVE
3) Non-VA OTHER NON-VA MED MISCELLANEOUS PROTONIX	ACTIVE
4) Non-VA OTHER NON-VA MED MISCELLANEOUS SKELAXIN	ACTIVE

7 Total Medications

PATIENT NAME AND ADDRESS (Mechanical Imprinting, if available)

WORKS, TYRON
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Triage Category:
Non Urgent

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Disposition to:
Primary Care Team: LSU - Montgomery
Other:

/es/ CYNTHIA R. CLAXTON
RN, BSN
Signed: 07/30/2006 10:10

PATIENT NAME AND ADDRESS (Mechanical imprinting, if available)

WORKS, TYRON
435 Lurene Circle
MONTGOMERY, ALABAMA 36109
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3/13/07

Baptist Medical Center East**Esophagogastroduodenoscopy Procedure Report****643**

Patient: TYRON WORKS
 Patient ID: MR-000252640
 Exam Date: 03/13/2007

Attending Physician: PENN WHITE M.D.
 Referring Physician: III UNDERWOOD M.D.

Introduction: A 35 year old male patient presents for an elective outpatient Esophagogastroduodenoscopy.

Indications:

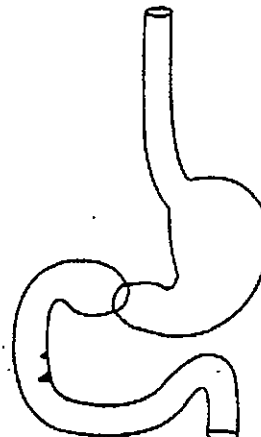
- * Dysphagia (787.2).

Consent: The benefits, risks, and alternatives to the procedure were discussed and informed consent was obtained from the patient.

Preparation: EKG, pulse, pulse oximetry and blood pressure were monitored throughout the procedure.

Medications:

- * Propofol administered per CRNA record



Procedure: The endoscope was passed with ease through the mouth under direct visualization and advanced to the 2nd portion of the duodenum. The scope was withdrawn and the mucosa was carefully examined.

Findings:

Esophagus: There was a 5 cm hiatus hernia visible in the esophagus. Grade III, erosive, reflux-induced esophagitis was found in the lower third of the esophagus. ①

Stomach: A diffuse area of gastritis was found in the entire stomach. ② ④ Two biopsies were taken.

Duodenum: The duodenum appeared to be normal. ③

Unplanned Events: There were no unplanned events.

Summary:

- * A hiatus hernia found (553.3).
- * Esophagitis seen in the lower third of the esophagus (530.10).
- * Gastritis found in the entire stomach. Two biopsies taken.
- * Normal duodenum.

Recommendations:

- * Start anti-reflux diet.
- * Follow-up on the results of the biopsy specimens in 2 days.

Procedure Codes:

- * 43239: EGD with biopsy



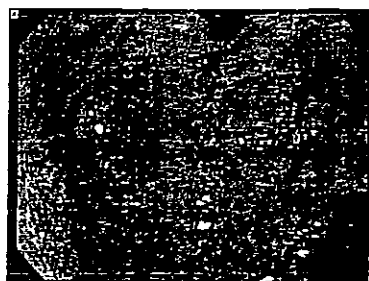
esophagitis-esophagus



gastritis-stomach-whole stomach



normal-duodenum



gastritis-stomach-whole stomach

Signature: _____ Date: 03/13/2007

PENN . WHITE, M.D.

Report electronically signed by Dr. PENN WHITE, M.D. on 03/13/2007 at 09:16 AM

Exhibit No 14F
 Page 1 of 2 pages

BAPTIST MEDICAL CENTER EAST

644

400 Taylor Rd.
Montgomery, AL 36117
(334) 277-8330

Name: WORKS, TYRON

Admit Type: Outpatient Surgery

Discharge Date: 3/13/07

MR#: E000252640

Account: E0707100924

Age: 35 years

Sex: Male

Admit: 3/13/07

SS Number: 419-08-7667

DOB: 2/6/72

Room/Bed:

Admitting Physician: White, W. Penn, MD

Ordering Physician: N/A

S e r o l o g y

COLLECTION DATE:	3/13/07		
COLLECTION TIME:	9:11:00 AM		
		REF RANGE	UNITS
H.pylori Rap Ur	Positive *	[Negative]	

3/13/07 9:11:00 AM H.pylori Rap Ur:
Test performed by BMC South Serology Department

✓ Treat

Procedure Follow-up

Colon ☐ EGD ☒ Flexsig ☒
None Required ☐
Six Months ☐
One Year ☐
Three Years ☐
Five Years ☐
Other ☐ Zmo ☒

Doctor's Initials: W

Sms 211-5454

3/16/07 sent letter to call office
120/07
phoned in preopac #4 norafib

⑥

MR#: E000252640
Printed: 03/14/07 10:08 AM
Name: WORKS, TYRON

Room/Bed:
Sex: Male

Account: E0707100924
DOB: 2/6/72

14F/12

3/5/07

PHYSICAL CAPACITIES EVALUATION

NAME OF CLAIMANT: Tyron Works

SSN: 419-08-7667

645

IMPORTANT: PLEASE COMPLETE THE FOLLOWING ITEMS BASED ON YOUR CLINICAL EVALUATION OF THE CLAIMANT AND OTHER TESTING RESULTS. DO NOT COMPLETE THIS FORM BASED ON THE CLAIMANT'S SUBJECTIVE COMPLAINTS.

NOTE: In terms of an 8 hour workday, "Occasionally" equals 1% to 33%; "Frequently," 34% to 66%; "Continuously," 67% to 100%.

I. In an 8-hour workday, claimant can: (Circle full capacity for each activity)

A.) Sit (Total at one time)	0	1	2	3	4	5	6	7	8	(hours)
B.) Stand (Total at one time)	0	1	2	3	4	5	6	7	8	(hours)
C.) Walk (Total at one time)	0	1	2	3	4	5	6	7	8	(hours)
D.) Sit (Total for 8-hour day)	0	1	2	3	4	5	6	7	8	(hours)
E.) Stand (Total for 8-hour day)	0	1	2	3	4	5	6	7	8	(hours)
F.) Walk (Total for 8-hour day)	0	1	2	3	4	5	6	7	8	(hours)

II. Claimant can lift:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. 11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 21-25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. 101-150 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Claimant can carry:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Up to 5 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. 6-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. 11-20 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 21-25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 26-50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 51-100 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. 101-150 lbs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Claimant can use hands for:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Simple grasping	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/>
B. Pushing, pulling of arm control	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/>
C. Fine manipulation	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/>

V. Claimant can use feet for:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Pushing & pulling Of leg controls	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input type="checkbox"/> LT <input type="checkbox"/>	RT <input checked="" type="checkbox"/> LT <input checked="" type="checkbox"/>

VI. Claimant is able to:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Crouch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
G. Reach (overhead)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

VII. Claimant is able to work at activities involving:

	NEVER	OCCASIONALLY	FREQUENTLY	CONTINUOUSLY
A. Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Being around moving Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Exposure to marked changes in temp. and humidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Driving auto equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Exposure to dust, fumes, & gas fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. How many days per month is your patient likely to be absent from work as a result of the impairments or treatment?

- ☐ One day per month
☐ Two days per month
☐ Three days per month
☒ Four days per month
☐ More than four days per month

REMARKS (ON ABOVE, OR OTHER FUNCTIONAL LIMITATIONS).

Signature of Physician

Date

3-7-05

3/5/07

WBR

Exhibit No 15F
Page 1 of 3 pages

Depending on
response to
Tx (medication)

646

CLINICAL ASSESSMENT OF PAINPatient: Tyron Works SSN: 419-08-7667

Although pain accompanying an injury or impairment is highly subjective and difficult to measure, it is possible for the treating physician to estimate the degree of pain that is present in a particular instance, given the nature of the impairment, the degree to which pain is typically of major concern in that impairment, and the extent to which the patient expresses the presence of pain and request medication for its relief.

Please answer the following questions as they relate to the patient listed above according to your best clinical judgment in this case.

1. To what extent is pain of significance in the treatment of this patient? (Circle one)

A. Pain is not present in any significant degree.

B. Pain is present but does not prevent functioning in everyday activities or work.

C. Pain is present to such an extent as to be distracting to adequate performance of daily activities or work.

D. Pain is present and found to be intractable and virtually incapacitating this individual.

at actually time the HA's start it may be unable to work done to need for medication & rest

2. To what extent will physical activity, such as walking, standing, sitting, bending, stooping, moving or extremities, etc., increase the degree of pain experienced by this patient? (Circle one)

A. No increase in pain whatsoever.

B. Some increase but not to such an extent as to prevent adequate functioning in such tasks.

C. Greatly increased pain and to such a degree as to cause distraction from task or total abandonment of task.

D. Increase of pain to such an extent that bed rest and/or medication is necessary.

3. In your best judgment, to what extent will the side effects of prescribed medication impact upon this patient's ability to perform his/her work? (Circle one)

A. Should be able to perform job duties without any decrease in work effectiveness.

B. Some limitations may be present but not to such a degree as to create serious problems in most instances.

C. Drug side effects can be expected to be severe and to limit effectiveness due to distraction, inattention, drowsiness, etc.

D. Patient will be totally restricted and thus unable to function at a productive level of work.

Sometimes severe headache may require bedrest to resolve HA.

Date: 3-5-07

Signature: _____

Printed Name: Hamp Greene

2

647

ABILITY TO WORK**Patient: Tyron Works****SSN: 419-08-7667**

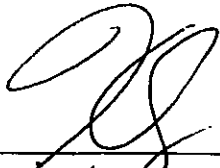
Would you please take a moment to review your records on the above-mentioned claimant and answer the following two questions? This information is needed for a disability hearing. Thank you.

Is the above named patient able to work the equivalent of eight hours a day, five days a week? ☒ Yes ☐ No

Have the patient's conditions lasted, or are they expected to last, at least 12 months? ☒ Yes ☐ No

Please use the space below to explain or make additional comments:

*When pt has headache will not be
able to function, will need bedrest
until headache is relieved
Otherwise should be able to work*



Physician's signature

3-5-07

Date

Printed Name Hans Green

TYRON WORKS

648

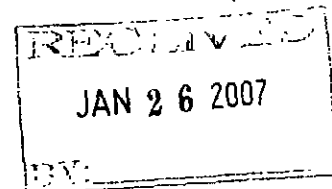
01/23/07

SUBJECTIVE: Mr. Works returns to the office today complaining of muscle aches, scratchy throat, dry cough, rhinorrhea, headaches, generalized malaise, fever and chills times several days. No bowel changes noted, but he states that his urine is very dark, but no dysuria or hematuria.

OBJECTIVE: WT: 212 ¼ pounds. BP: 116/84. P: 80. T: 95.9. Generally, he appears to be in no acute distress; however, he was coughing a lot. He has rhinorrhea bilaterally. Throat was erythematous, but without any exudates. Cardiac: Regular rate and rhythm without any evidence of fibrillation. Lungs: Clear. Extremities: Without any edema. Rapid flu was negative.

ASSESSMENT:

- 1) Viral syndrome – however, I still think this is probably early influenza.
- 2) History of atrial fibrillation – sinus rhythm.
- 3) Migraine headaches – stable.

**PLAN:**

- 1) Treat him with Endal-HD for cough. We will give him Tamiflu 75 b.i.d. along with Durahist PE 1 b.i.d. He is to come back and see us in a couple of months for follow up and repeat lipid profile.

JEFFERSON UNDERWOOD, III, M.D.

JU/as

Received Subsequent To Hearing
Exhibit 16F (3 pages)

TYRON WORKS

649 12/06/04

SUBJECTIVE: Mr. Works returns to the office today with a complaint of back pain, which at times radiates down both legs. He states he was diagnosed as having a herniated lumbar disc a couple of years ago and is currently being seen by the Veterans Administration. The Veterans Administration has scheduled him for EMG as well as evaluation sometime in January of 2005, however he states that the pain was so severe that he needed to come in today. No history of lower extremity weakness is noted.

OBJECTIVE: Vital signs are stable. Exam reveals lumbosacral discomfort to deep palpation. He does have some reproducible pain with scissoring, as well as straight leg raising. He has some asymmetry of the patella DTRs as well.

ASSESSMENT:

- 1) Low back pain with a history of herniated lumbar disc.

PLAN:

- 1) Continue with the Darvocet, as well as I think he has some Valium from the Veterans Administration. He is being referred to Dr. Warner Pinchback for further evaluation.

JEFFERSON UNDERWOOD, III, M.D.

TYRON WORKS

JU/mf

11/17/06

SUBJECTIVE: Mr. Works returns back to the office today with complaint of headache. He states that the headache feels like his head is in a vice and as a result, he went to the VA. The VA did blood work as well as CT which was negative and put him on Zomig, metoprolol as well as Toradol. He states he had to go back to PriMed because the headaches were not completely resolved and he was having some epistaxis at times.

Since he has been seen at the VA for follow up, he states the headaches have done better; however, he was referred for neurological assessment at a neurological clinic.

OBJECTIVE: WT: 218 ¾ pounds. BP: 124/76. P: 76. General: He is in no acute distress. HEENT: PERRLA. Nasal passages reveal boggy nasal mucosa. Throat was clear. Cardiac: Regular rate and rhythm. Lungs: Clear. Extremities: Without any edema.

ASSESSMENT:

- 1) Headaches – migraines??
- 2) Epistaxis – resolved.
- 3) Allergic rhinitis.
- 4) History of atrial fibrillation.

PLAN:

- 1) Put him back on his Cardizem CD for the atrial fibrillation as well as hopefully, since this is a calcium channel blocker, will help with headache prophylaxis. He is to keep the appointment with the neurologist. We would like to check routine chemistries. He is to come back and see us in a couple of months for follow up.

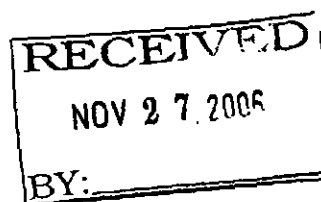
JEFFERSON UNDERWOOD, III, M.D.

Missed Appointment

JU/as

Date:

CX 12/29/04 MK



03/13/2007

650

III JEFFERSON UNDERWOOD, M.D.

Regarding: TYRON WORKS
02/06/1972
Esophagogastroduodenoscopy
Exam Date: 03/13/2007

Received
APR 05 2007
7:53

Dear Dr. UNDERWOOD:

Thank you for referring TYRON WORKS for a Esophagogastroduodenoscopy. Please note this brief summary of my findings and recommendations, which are further detailed in the attached report.

Summary:

- A hiatus hernia found (553.3).
- Esophagitis seen in the lower third of the esophagus (530.10).
- Gastritis found in the entire stomach. Two biopsies taken.
- Normal duodenum.

Recommendations:

- Start anti-reflux diet.
- Follow-up on the results of the biopsy specimens in 2 days.

Thank you for the opportunity to help you in the care of this patient. Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely,



PENN . WHITE, , M.D.
4101 C Wall Street
Montgomery AL 36106

DEPARTMENT OF VETERANS AFFAIRS
Vocational Rehabilitation & Employment
345 Perry Hill Road
Montgomery, AL 36109

651

August 16, 2007


In Reply Refer To: 322/28
C /00

Tyron Works
435 Lurene Circle
Montgomery, AL 36109

Dear Mr. Works,

I'm writing this letter to inform you that I have enclosed two copies of the Infeasible Letter for you to help with your Social Security claim. For your convenience, I have already forwarded a copy to your DAV representative. The enclosed letter informs you that even though you were found entitled to Vocational Rehabilitation & Employment services, due to the severity of your disabilities you are not feasible to participate in our program at this time. I have also enclosed general information regarding Independent Living Services (IL). Please read over the material and if you think you may want to participate in an evaluation to determine if you have any IL needs, please sign where indicated and return to me. I have also enclosed a VA Form 4138. If you decide that you do not wish to participate in an IL assessment at this time, sign where indicated and return that form back to me. In the meantime, if you have any questions or concerns, please feel free to contact me by phone at 334-396-1986 x14, or by e-mail at Sabrina.McNeil@va.gov.

Sincerely,


Sabrina McNeil
Vocational Rehab Counselor

EX-AG-1

DEPARTMENT OF VETERAN AFFAIRS
VR&E DIVISION
345 Perry Hill Road
Montgomery, AL 36109

652

August 14, 2007

C#: xxx-xx-7667/00

Tyron Works
435 Lurene Circle
Montgomery, AL 36109

Dear Mr. Works:

This letter contains important information about your VA benefits. Please read it carefully.

After carefully reviewing the facts relative to your entitlement to vocational rehabilitation, we concluded that you are entitled. Although we have explained this decision to you, the evidence of record in your case indicates that at this time it is not reasonably feasible for you to achieve a vocational goal. However, you may benefit from a program of Independent Living Services. CFR 21.53 requires the DVA to determine the reasonable feasibility of achieving a vocational goal in each case in which a veteran has either: (1) an employment handicap, or (2) a serious employment handicap. CFR 21.53 (b) defines vocational goal as "a gainful employment status consistent with the veterans abilities, aptitudes, and interests." Under the provisions of CFR 21.53 (d) achievement of a vocational goal is reasonably feasible for a veteran with either an employment or a serious employment handicap only when the following conditions are met: (1) vocational goal(s) has/have been identified, (2) the veterans physical and mental conditions permit training for the goal(s) to begin within a reasonable period, and (3) the veteran (i) possesses the necessary educational skills and background to pursue the vocational goal, or (ii) will be provided services by the VA to develop such necessary educational skills as part of the program. After fully considering your current service connected disabilities, verbal accounts from you during your initial interview, your sporadic work history, along with the medical information obtained from your primary care physician case notes, we have determined that achievement of a vocational goal is not reasonably feasible. If you feel that your condition improves in the future, you may reapply for this program.

You have been determined to have an impaired employability (serious employment handicap). After reviewing your employment history, education and training, using the Guide for Occupational Exploration and/or the Selected Characteristics of Dictionary of Occupational Titles (DOT), it has been determined that you have not been able to overcome this impairment by education or employment experience. Based on ability, aptitude, and interest test results, analysis of your work and educational background, and job market trends, it appears that achievement of employment is not reasonably feasible. Veteran will be evaluated for possible Independent Living Services.

Please note that our decision does not affect your entitlement to other VA benefits. In addition, our staff will be glad to help you explore other ways which may be available to you to achieve your goal(s). If you want this assistance, call or write us at the phone number or address below.

If you disagree with our decision to deny you this benefit, you or your accredited representative may request an administrative review by writing a letter to this office stating the reason(s) for your disagreement.

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Page 2

Mr. Tyron Works
xxx-xx-7667/00

You, or your representative, may also appeal this decision to the Board of Veterans Appeals by following the procedures outlined on the attached VA Form 4107, Notice of Procedural and Appellate Rights. You should note, however, that an administrative review can only be done before submission of an appeal to the Board of Veterans Appeals.

Sincerely Yours,


Sabrina McNeil
Vocational Rehabilitation Counselor

encl: VA Form 4107 (Notice of Procedural and Appellate Rights)
cc:

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**DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office Montgomery
345 Perry Hill Rd
Montgomery AL 36109**

TYRON WORKS

**VA File Number
419 08 7667**

**Represented by:
DISABLED AMERICAN VETERANS**

**Decision Review Officer Decision
September 13, 2007.**

INTRODUCTION

The records reflect that you are a veteran of the Peacetime and Gulf War Era. You served in the Army from August 29, 1989 to October 29, 1992, from August 29, 1989 to October 29, 1992 and from May 5, 1997 to October 1, 2001. We received your Substantive Appeal on March 17, 2006. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

DECISION

- 1 . Entitlement to individual unemployability is granted effective December 16, 2004, date of receipt of claim.
- 2 . Basic eligibility to Dependents' Educational Assistance is established from December 16, 2004, date entitlement arose.

Exh. A-2

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EVIDENCE

- Vocational Rehabilitation Assessment dated August 14, 2007

REASONS FOR DECISION**1. Entitlement to individual unemployability.**

The veteran is service connected for chondromalacia, patella, right knee at 40% disabling, chondromalacia, patella, left knee at 30% disabling, degenerative disc disease of the lumbar spine at 40% disabling, chronic right shoulder strain at 20% disabling and asthma and residuals of surgical scar at 10 percent disabling. Recent Vocational Rehabilitation decision shows that you are infeasible for employment based strictly on your service connected disabilities. This was determined based on your primary care case notes.

Entitlement to individual unemployability is granted because the claimant is unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities.

This rating action satisfies this issue on appeal.

2. Eligibility to Dependents' Educational Assistance under 38 U.S.C. chapter 35.

Eligibility to Dependents' Educational Assistance is derived from a veteran who was discharged under other than dishonorable conditions; and, has a permanent and total service-connected disability; or a permanent and total disability was in existence at the time of death; or the veteran died as a result of a service-connected disability. Also, eligibility exists for a serviceperson who died in service. Finally, eligibility can be derived from a service member who, as a member of the armed forces on active duty, has been listed for more than 90 days as: missing in action; captured in line of duty by a hostile force; or forcibly detained or interned in line of duty by a foreign government or power.

Basic eligibility to Dependents' Education Assistance is granted as the evidence shows the veteran currently has a total service-connected disability, permanent in nature.

REFERENCES:

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult your local library, or visit us at our web site, www.va.gov.



DEPARTMENT OF VETERANS AFFAIRS

Regional Office
345 Perry Hill Road
Montgomery AL 36109-4541

656

September 19, 2007

TYRON WORKS
435 LURENE CIR
MONTGOMERY AL 36109

In Reply Refer To: 322/21T
CSS 419 08 7667
WORKS, T

Dear Mr. Works:

The following certificate is furnished for your use in obtaining commissary store and exchange privileges from the Armed Forces:

This is to certify that Tyron Works is an honorably discharged veteran of the Army and has service-connected disabilities evaluated at 100 percent. The veteran has not been scheduled for future examinations.

To obtain a commissary store and exchange privilege card, please complete the enclosed application. You must also provide a copy of your DD 214, Military Separation Document. If an ID card is requested for a dependent, furnish additional proof such as:

Spouse - A copy of the marriage certificate

Child - A copy of his/her birth certificate
(and adoption decree)

Stepchild - Copies of the marriage certificate
and birth certificate

Child of Divorced Sponsor - Copies of the divorce decree and
birth certificate

Take the completed form, the required proof (above), and this VA letter to the nearest Uniformed Services ID card-issuing facility.

Sincerely yours,

A handwritten signature in cursive script that reads "A. L. Hill".

A. L. HILL
Veterans Service Center Manager

Email us at: <https://iris.va.gov>

Enclosure(s): DD Form 1172

262/cjk



657

FAX

Company Name:

Phone: (334) 279-8671

FAX:

Address: 435 Lurene Circle
Montgomery, Al 36109

TO: Social Security
Hearing & Appeals

ATTN: CELESTE

FAX #: (703) 605-8021

DATE: 15 October 2007

FROM: TYRON WORKS

419-08-7667

FAX #:

OF PAGES: 5

MESSAGE: Enclosed is paperwork from VA stating my 100% Disability and from VA Vocational Rehab stating that I am unable to work do to my disabilities.

10/15/07
10:15 AM
10/15/07

Ex. AC-3

Law Offices of
S. Kay Dansby, PC

658
06/04/08

Phone (334) 834-7001
Fax (334) 834-7002
Email skdansby@bellsouth.net

FACSIMILE TRANSMITTAL

To: Appeals Council

Fax Number: (703) 605-7421

Date: September 20, 2007

Re: Tyron Works
SSN 419-08-7667

Pages: 4, includes cover

Message: Please associate Veterans Administration decision dated 9/13/07 with Mr. Works' file.

Thank you, S. Kay Dansby

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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**DEPARTMENT OF VETERANS AFFAIRS
VA Regional Office Montgomery
345 Perry Hill Rd
Montgomery AL 36109**

TYRON WORKS

**VA File Number
419 08 7667**

**Represented by:
DISABLED AMERICAN VETERANS**

**Decision Review Officer Decision
September 13, 2007**

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TYRON WORKS
419 08 7667
Page 2

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EVIDENCE

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REASONS FOR DECISION

1. Entitlement to individual unemployability.

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DEPARTMENT OF VETERANS AFFAIRS

Regional Office
345 Perry Hill Road
Montgomery AL 36109-4541

661

September 19, 2007

TYRON WORKS
435 LURENE CIR
MONTGOMERY AL 36109

In Reply Refer To: 322/21T
CSS 419 08 7667
WORKS, T

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Child - A copy of his/her birth certificate
(and adoption decree)

Stepchild - Copies of the marriage certificate
and birth certificate

Child of Divorced Sponsor - Copies of the divorce decree and
birth certificate

Take the completed form, the required proof (above), and this VA letter to the nearest Uniformed Services ID card-issuing facility.

Sincerely yours,

A. L. HILL
Veterans Service Center Manager

Email us at: <https://iris.va.gov>

Enclosure(s): DD Form 1172

262/cjk



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**SOCIAL SECURITY ADMINISTRATION
OFFICE OF HEARINGS AND APPEALS**

TRANSCRIPT

In the case of:

Claim for:

Tyron Works

Period of Disability and
Disability Insurance Benefits

Claimant

419-08-7667

Wage Earner
(Leave blank in SSI Claims, or if the name
is the same as above.)

Social Security Number

Hearing Held at:

Montgomery, Alabama

(City, State)

March 22, 2007

(Month, Day, Year)

by:

William G. Reamon

(Administrative Law Judge)

APPEARANCES:

Tyron Works, Claimant
S. Kay Dansby, Attorney
Robert Strader, Vocational Expert

INDEX OF TRANSCRIPT

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In the Case of:

Account Number

Tyron Works

419-08-7667

Page Commencing

Testimony of Tyron Works

5

Testimony of Robert Strader

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(The following is a transcript of the hearing held before William G. Reamon, Administrative Law Judge, Office of Hearings and Appeals, Social Security Administration, on March 22, 2007, at Montgomery, Alabama, in the case of Tyron Works, Social Security Number 419-08-7667. The Claimant, Tyron Works, appeared in person and was represented by his attorney, S. Kay Dansby. Also present was Robert Strader, Vocational Expert.)

(The hearing commenced at 9:59 a.m., on March 22, 2007.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ALJ: This is the hearing in the case of Tyron Works, account number 419-08-7667. The Claimant is represented by Attorney S. Kay Dansby. Counsel, do you have any objection to the exhibits?

ATTY: No objection, Your Honor.

ALJ: We'll include them here and admit them. We've had a number of them added here recently, one this morning and I want to make sure they're marked and inserted into the file.

(The exhibits, previously identified, were received into evidence and made a part of the record thereof.)

ALJ: Did you have any objection to Ms. Strader's qualifications?

ATTY: No, sir.

ALJ: Did you wish to make an opening?

ATTY: Briefly. Less than sedentary based on severe combination. Also, I wanted to make you aware Mr. Works has had two, unsuccessful work attempts. He tried to work as a security guard, May to July of '06 time frame, lasted less than two months. He couldn't deal with the standing. He tried a more sedentary job

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as a court intake officer with Professional Probation Services and that, again, lasted only about two months, November '06 to January '07.

ALJ: Okay. Well, we'll take those things into account here today. Was there any particular medical exhibits that you wanted me to pay special attention to?

ATTY: Yes, sir. Dr. Hamp Green is the only doctor who did a PCE for me and he indicates more than four absences a month which would preclude work activity but his PCE and other forms are based solely on the headaches, not on the back and knee issues.

ALJ: Do you know how long Dr. Green has been involved in Mr. Works' treatment?

ATTY: Just -- November 29 is the first note I have.

ALJ: Is that, what year is that?

ATTY: '06. This is recent. Yes, sir.

ALJ: Okay. Well, I have noted his RFC. It seems that he's got a date on there that probably is transposed because the front page says 3/7/05 and the --

ATTY: Yes, sir.

ALJ: -- second page says 3/5/07.

ATTY: It was 3/5/07, Your Honor.

ALJ: All right. Let me make that correction here and initial that. That is Exhibit number 15F, by the way. That's the RFC.

ATTY: Thank you, sir.

ALJ: It looks like you gave me a, kind of a scope report here today, esophageal scope report, 14F. I've marked that.

ATTY: Okay.

ALJ: 13F is the supplemental, these would be VA records, yes, and I've got that marked as 13F and then 12F would be the Dr. Hamp Green reporting that you made reference to.

ATTY: Okay.

ALJ: Okay. Mr. Works, I need to swear you in along with our vocational expert here.

(The Claimant, TYRON WORKS, having been first duly sworn, testified as follows:)

EXAMINATION OF CLAIMANT BY ADMINISTRATIVE LAW JUDGE:

Q Can you tell me your name and your mailing address, sir?

A Tyron Works, 435 Lorraine [phonetic] Circle, Montgomery, Alabama, 36109.

Q And what's your birthday?

A 2/6/72.

Q What's your educational background?

A Finished high school and last semester of college.

Q Did you get a degree or diploma from college, Bachelor's Degree?

A No. This is my last semester.

Q So how many years of college did you complete?

A Four. This will be my fourth year.

Q Oh, are you going now?

A Uh-huh.

Q What school do you go to?

A Troy. Actually, I'm taking on-line courses.

Q Okay. Do you have a major?

A Criminal justice.

Q What do you hope to see happen once you obtain your degree?

A Well, at the time, when I first started my degree, I was hoping to get into law enforcement and work with the police department and work my way up to, you know, investigator and hopefully move on to federal but, since I started my degree, I've had my injuries and my surgeries and stuff and I don't think that that's going to happen because, like my attorney stated, that I did try to work in my law enforcement profession as a security guard and that didn't work and then I tried to work as a court intake and a probation officer and that didn't work.

Q What's the problem with the security guard work?

A Well, it was 12-hour shifts and we stood and I started having problems with my back, in my spine area, and with the probation officer and the court intake, I did a lot of sitting in the courtroom and when I wasn't in the courtroom, we did, I had to do a lot of filing which I had to do a lot of bending and stooping because, you know, the lower drawers on the file cabinets and stuff.

Q Did these activities bother your low back?

A Yes, it did.

Q Did you have any other symptoms that were troubling, as well?

A I don't understand.

Q Leg symptoms?

A Well, my knees bothered me in the security guard one but, for the probation one, it was my back because of the prolonged sitting and then the bending and stooping for doing the filing.

Q Now, you had a fusion done back in February of '05. Is that correct?

A That's correct.

Q Who was your surgeon?

A Dr. Pinchback.

Q And have you followed up at all with that doctor since your surgery?

A Yes, I have. I think the last time I went to him, I want to -- it was in '06 because this was shortly after I stopped work at the security guard and I was having problems with my back and I went back to him. He did an X-ray and he said the fusion was fine. The hardware was still in place but now I'm having complications, because he did the surgery on the L5-S1, now the L4, above it, is beginning to bulge.

ATTY: Exhibit 11F, Your Honor.

CLMT: So I'm going to have to follow back up with him.

BY ADMINISTRATIVE LAW JUDGE:

Q Did he have any proposals to make to you at that time about treatment?

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A Well, he wanted to send me to physical therapy but, at the time, no insurance, I couldn't afford to pay to go to physical therapy.

Q Did he put any restrictions on you when he last saw you? I see an 8/06 report in here that would look like the last medical I have from him. Does that sound about right?

A That sounds about right. Yes, sir.

Q And did he give you any advice as to things that you should avoid doing?

A The prolonged standing, stooping, bending, lifting and, since I couldn't afford the physical therapy, basically just, since I had been to physical therapy before and I knew the exercises, to do those at home, you know, on my own but I'm still having the pain and the complications so I'm going to have to follow back up with him.

Q Well, as specifically as you can recall the advice he gave you about limitations and using the words that he used, what do you remember?

A I'm not really sure.

Q Well, you mentioned something about prolonged standing, stooping, bending and lifting.

A Uh-huh.

Q Now, I assume he told you not to do those things --

A Uh-huh.

Q -- rather than to do them. Is that right?

A That's correct.

Q So that you would say no prolonged standing --

A No prolonged. That's correct.

Q Now, when you talk about lifting, did he put any sort of pound limitation on you?

A I want to say 10 pounds, five to 10 pounds. I try not to lift nothing anyhow.

Q Can you lift five to 10 pounds?

A Five pounds, yeah. 10 pounds, it's a strain because when I pick it up, I can feel it, a pull, so --

Q Are you able to pick up any weight from the floor?

A No.

Q Where do you do your five-pound lifting from?

A Normally, I'm sitting.

Q When you were working as the file clerk and doing some work to, you know, place the files, I guess you were a probation officer at that time, is that right?

A That's correct.

Q How much of the day do you think you were doing the filing?

A In a given week?

Q Yeah?

A Well, I'll map it out to you like this. On Mondays, Monday morning, the first part of the day, I was in court. The second part of the day, I did my filing. On Tuesdays, I was in court all day, morning and afternoon. Wednesday, court in the morning time, filing in the afternoon. Thursdays I was in court

all day and Friday, court in the morning time, filing in the afternoon.

Q So three out of five days, you split your day between court work and filing?

A Uh-huh.

Q Is that correct?

A That's correct.

Q Okay. And am I correct in assuming that the filing was done in the afternoon?

A Uh-huh.

Q Is that correct?

A That's correct.

Q And what do you think were the heavier end of the files that you would have to lift? Were they big files or were they skinny files or what do you remember about them?

A Some of the files was big.

Q Do you think they weighed 10 pounds, 15 pounds or were they lighter than that?

A Well, I mean, depending on the stack, they could weigh up to 10 pounds but, and then we had receipts because they had to pay, you know, restitution in there, fines and stuff, and a stack of receipts would be stacked like this high so --

Q Now --

A -- they could weigh 10 pounds.

Q -- the part of that job that you found unacceptably difficult was what?

A The filing because I had to do a lot of bending and stooping to put stuff in the file cabinets and the prolonged sitting because I was in court all day and you can't just get up and stretch or walk out.

Q Well, I'm going to invite you to get up, if you need to, because that's the way we do it here. How long do you think you can set at one time before you have to get up?

A Depending on the chair. I'll say probably about 30 minutes but I have to keep repositioning to relieve --

Q After 30 minutes, what is it that makes it uncomfortable for you?

A My back, it tightens up. It feel, it gets real stiff and I have to either stretch and, if it's a muscle spasm, then I may have to lay down to lay flat on my back.

Q How often do you get muscle spasms?

A I could get those anywhere from two, three, four times a day.

Q And when you get one, do you always have to lay down?

A Not always. It depends on the severity.

Q Well, let's say covering the last week, how many times did you get a spasm that was so bad that you had to go lie down?

A I would say, last week, about four times.

Q And how long do you lie down?

A Well, that depends because if I take my pain medicine and I lay down, it knocks me out.

Q Which medicine is that?

A Darvocet and I have Skelaxin, Lortab.

Q Do you take those every day?

A I take the Skelaxin every day, Darvocet for pain and the Lortab every day and I have Celebrex that I have to take every day.

Q Do you know which of those seems to have the sedative or makes you tired?

A The Darvocet and the Lortab.

Q Now, are you scheduled to go back to Dr. Pinchback anytime in the near future?

A I haven't scheduled an appointment just yet because I'm waiting on my appointment from VA because I have to go back for my knees. They put in a referral to go see the orthopedic surgeon for my knees so I'm waiting to see what happens with that. I think they're talking about surgery again so --

Q Who's talking about surgery?

A VA.

Q Well, have you seen an orthopedist already?

A That's what I'm waiting -- they put in a referral so I'm waiting on that appointment because I saw my VA doctor last week, no, Monday, and they did X-rays and everything.

Q How long have you been having knee trouble?

A When it first started?

Q Well, when it became significant enough for you to want to get some medical care for it?

A This was back in -- I want to say '99 because that's when I had my first knee surgery.

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Q Okay. How did you do after that?

A Actually, I did pretty good.

Q Which knee was it?

A I want to say the left. Yeah, the left knee. I did pretty good after that and ended up getting stationed in Germany, got deployed to Kosovo. It started back bothering me. Well, I came back to Germany. They sent me to an orthopedic and they did the X-rays and MRIs on both of my knees and then I had to have surgery on my right knee.

Q When was that?

A I want to -- 2000. I believe it was November of 2000.

Q And how did you heal from that?

A I didn't. They end up doing an MEB, a medical evaluation board, and they found that I wasn't fit for duty. I ended up getting out the next year, in 2001, came back here and end up having knee surgery again, I believe in 2003, at VA, on my right knee again and now I'm back at VA, for possibly another knee surgery.

Q And you're going to see the orthopedist, at the VA, you think sometime in the next month or two?

A Yes.

Q With the problems you have with your knees and your back, how far do you think you can walk or how long can you walk before you have to get off your feet?

A I would say a block at the most.

Q And after you cover that distance, what is it that causes you to stop?

A The pain, the aching, stiffness.

Q Where is that?

A My back and my knee.

Q Is that regardless of whether you're taking your pain medication?

A Uh-huh.

Q Pardon me?

A Yes.

Q So you have the same degree of pain and problems with walking when you're taking your pain meds as you do when you don't take them?

A Uh-huh.

Q Is that right?

A That's correct.

Q Now, how about standing? Not walking, but standing, as if you were at your job there at the probation office or at the security office and you just simply stood but you didn't have to walk. How long could you do that before you'd have to stop?

A I mean, at that particular time, I was basically toughing it out, probably a couple hours. If I had to do it now, I doubt if I'd last 30 minutes.

Q What would limit you?

A The pain.

Q Back pain? Knee pain?

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A Both.

Q Do you have pain in one knee worse than the other?

A Yes.

Q Which one?

A The right, right now.

Q You talked about the fact that sitting is a problem for you. I can't remember, I think you told me 30 minutes was about all you could do. Is that chiefly the back that causes you to have to get up or --

A Uh-huh.

Q Is that right?

A That's correct.

Q Are you having any other problems, sir, that we haven't talked about, other than back pain, knee pain that you think would stop you from working?

A My headaches.

Q And how long have you had those?

A I think they started back in, I want to say either 2000 or 2001.

Q And have they changed in character or severity since then?

A Yes, they have.

Q In what way?

A Well, the last migraine that I really, I mean, that took me to the hospital, I want to say November or December of last year and that headache was so severe and, I mean, just to be honest with him, I mean, I told the doctor that the pain was so severe, if I

had a gun, I would have shot myself in the head just to relieve the pain. It felt like somebody was squeezing my brain out of my head.

Q When was that?

A I want to -- November or December of last year.

Q '06?

A Yes, sir.

Q Did you go to the hospital or to the VA for care?

A Yes, I did. Actually, my wife had to dial 911 because when she tried to take me to the hospital and I stood up, I blacked out so she ended up dialing 911.

Q And did an ambulance come?

A The paramedics came. By the time they got there, I was coming to. They took down information but they said that the ambulance was like 20 minutes away and where I live at, the hospital is like two, three minutes away, so they helped my wife put me in the vehicle and she end up driving me to VA, to the emergency room.

Q What was done for you there?

A They gave me a shot and some pills, some Oxycodone, to take and my headache didn't, it didn't go away so the next couple of days, I end up going to, my wife to me to Primed [phonetic] and Primed basically looked at the information and they said since I had bleeding, because I was bleeding from the nose, also, that I needed to go back to the VA because he would put in a referral for a neurologist. So I went back to VA that same day and they gave me, I don't know the medicine, but they gave me a shot and several

pills and it actually subsided the headache some and then I end up going, that's when I end up going to Dr. Green.

Q Has he been taking care of your headaches?

A He had me on prednisone and Immerge [phonetic].

Q And can you tell me whether you've had any change in your headaches or any improvement?

A After taking that medicine, it actually -- my headache went away but I have had several minor headaches since then and one severe enough to take the Immerge.

Q When you take the Immerge, what happens?

A That's a good question. It knocks me out.

Q Well, how long are you knocked out after you take one of those?

A Probably a good four hours.

Q And you lie down and sleep during that time?

A Well, with his, he says when I feel the headache coming on, I start taking my medicine, I need to get in a dark, quiet place, lay down, you know, and just let the medicine, you know, run its course with my headache. No sound, no light, just lay down quiet.

Q And how often do you have to do that in a typical week?

A Like I said, since I've only had like really one major, one to take the Immerge since my episode, you know, the first episode when I saw Dr. Green, but I've had several minor, minor ones where I take the prednisone and I would lay down.

Q And did you have any of those last week?

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A Yes, I did.

Q How many?

A Actually, I have a headache now and I believe it's because of the lights.

Q The --

A Fluorescent lights, yes.

Q -- fluorescent lights? Now, in terms of your other health, I noticed that you had had some heart issues at one time. Is there anything going on with your heart that you can tell me about?

A I've been diagnosed with atrial fibrillation and I take, I'm not sure if I'm pronouncing it right, Cardizem and I have to take that every day.

Q Do you notice any symptoms of any type with that condition?

A The symptoms with that is the fluttering, my heart starts beating fast and the way the doctor explained it to me is that, at certain times, it pumps in excessive amount of blood so my heart has to beat twice as fast or overtime to pump it out so that's where my heart, I guess when I go into A-fib, it starts beating real fast. You can actually see it through my shirt and stuff.

Q Do you have to do anything to modify your activities to try to get through an episode like that?

A Normally, I mean, I just -- actually, with an episode like that, I could not be doing -- like I'm sitting here right now, it

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could just start doing it. I don't have to be doing nothing special, you know, specific, for it to do it.

Q Once it comes on, do you have to take any --

A I take --

Q -- remedial action?

A I take another one of my Cardizem and if, in a 30 to 45 minute time span, if that hasn't, if it's still doing it after I've taken the Cardizem again, then I have to go to the emergency room.

Q In the last six months, have you had to go to the ER for any of these heart episodes?

A No.

Q Does it seem like the medicine is doing what you hope it will do?

A Uh-huh. Uh-huh.

Q Is that right?

A Uh-huh.

Q I'm going to have to get you to say yes.

A Oh, yes. I'm sorry.

Q Thanks.

A I'm sorry.

ALJ: Mr. Works, I don't have anything further for you myself. I'm going to have Ms. Dansby ask you any questions that she'd like to and then we'll probably have Mr. Strader testify here in a few minutes so if you want to get any more during the hearing --

CLMT: Okay.

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ALJ: -- you're certainly welcome to do that. Go ahead,
ma'am.

CLMT: Thank you.

ATTY: Thank you, just very briefly.

EXAMINATION OF CLAIMANT BY ATTORNEY:

Q Tyron, do you have VA disability?

A Yes, I do.

Q What's your rating?

A 90 percent.

Q Service connected or non-service?

A Service connected.

Q The whole 90 percent?

A Yes.

Q Do you know what that is primarily for?

A For both my knees, my back, my headaches and I had a
shoulder injury.

Q Okay. Now, you're also on an inhaler for asthma?

A Uh-huh. Oh, and asthma, too. I'm sorry.

Q Is that one your VA --

A Yes, it is.

Q Okay. All right. And does that create any problems for
you?

A Well, I try to limit my -- yes.

Q Go ahead. Explain.

A I try to limit my activities due to my knee and my back so I try not to overexert myself but I do have to take my inhaler every day, twice a day.

Q So you don't get out and run long enough to get short of breath?

A No, no.

Q Okay. All right. When we talk about your back and knee pain, which is the worst? I think you said your right knee was worst than the left but comparing both knees and your back, which is the worst?

A Well, to be honest with you, that question is kind of hard to answer because on any given day, either one could be the worst.

Q So it can vary?

A It can vary.

Q Okay.

A Any one could be the worse.

Q Well, on average, on an average day, considering all the areas that cause you pain, where would you place your pain on a scale of zero to 10 and I know the VA uses that scale so you're familiar with it, right?

A Uh-huh. Where would I place it?

Q Yes. On an average day. Not a really bad day when you're in bed and not a really good day but just most days?

A On an average day --

Q Uh-huh?

A -- I would say about a six, six and 1/2.

Q And then do you have good days where it's better than that?

A Uh-huh.

Q How many a month, roughly?

A It's very few. I'd say about maybe 10.

Q Do you have bad days that are worse than that?

A Yes, I do.

Q What is your pain on that same scale on those bad days?

A About a nine or a 10.

Q And how often do those days happen, on average, best estimation?

A 10, 15.

Q Okay. So if you got 10 days of good and 10, 15 days of bad, that's almost the whole month?

A I'm always in pain.

Q Okay.

A There isn't a day that goes by that I'm not in pain.

Q Okay. But how many days a month does it reach that nine level?

A I'd say about 10.

Q Okay. And that's not including your headache days?

A That's not including the headache days.

Q Okay. Okay. Is there anything we haven't talked about you would like to tell the Judge?

A I guess, in reference to my medicine, I take medicine every day and I take a lot of pills and a lot of my medicine is not

covered by VA because they can't get that particular brand, in reference like the Immerge, the VA can't get that so I have to get that myself and medicine is quite expensive and, like I say, I take a lot of medicine and I'm afraid I'm going to get addicted to it. I don't want to get addicted, you know, because it's pain medicine and stuff and I know that people have gotten addicted to pain medicine and that's something that I don't want to happen.

Q Okay. Are you saying that sometimes the headache is bad enough for Immerge but you don't take it?

A That's correct.

Q Okay. Anything else?

A [INAUDIBLE].

ATTY: Thank you, Your Honor.

ALJ: Thank you. Is there any RFC from Dr. Pinchback that you're familiar with?

ATTY: No, sir. He would not do one.

BY ADMINISTRATIVE LAW JUDGE:

Q When you stopped doing the security guard job, about when did that job end, do you recall?

A It was in '06. I want to say maybe July or August time frame. I'm not really sure.

Q And how long did you do it before it ended?

A Probably about two months.

Q Was that full time?

A It was considered full time but it was only three days a week.

Q Were you working -- you said you were working 12 hour shifts?

A Uh-huh.

Q Is that right?

A That's correct.

Q And when you, when that ended, what were the circumstances under which it ended? Were you fired? Did you quit?

A Oh, no. I turned in a letter or resignation due to my medical condition.

Q Did any doctor that you were treating with advise you to get out of that job?

A Actually, when I went to Dr. Pinchback, but this was after I had, you know, did my resignation and I went to Dr. Pinchback and he said that my, that basically the disk above where he did the surgery was beginning to bulge and he said, you know, what was I doing and I told him what I was doing. He was like, no, you can't do that.

Q You told him that you were a security guard?

A Uh-huh.

Q Is that right?

A That's correct.

Q And he said he didn't want you doing security guard work?

A Yeah. He said you can't do that. You can't stand, you know, what he did to my back.

Q So he didn't like the fact you were standing as much as you were?

A That's correct.

Q And did you say you were standing 12 hours?

A Not a total of 12 hours. The way we did it was, it was a 12-hour shift but it was two people on the shift so basically -- because we was at a gate so basically it was like an hour --

Q You're looking at --

A It was like, yeah, we alternate the hour basically checking IDs and stuff coming through the military gate.

Q So you'd stand for an hour and then your partner would stand for an hour?

A Uh-huh. That's correct.

Q You guys would trade off --

A Trade off, alternate.

Q -- like that for the 12-hour shift?

A That's correct.

Q When you weren't standing for the hour, what were you doing?

A Sitting.

Q So alternating standing and sitting, hourly, throughout the 12-hour shift?

A Uh-huh. That's correct.

Q And, when you did that, again, tell me what was the problem?

A It was the pain. When I started doing it, it was fine. But, over a period of time, it started bothering me and bothering me more each day. That's why I knew something was, I said

something is not right, something is going on with my back again so that's why I turned in my resignation and then I went back to the doctor like the next couple of days and that's when he told me that by me -- actually what he said was by me standing and putting that pressure on my spine, that it's moving up my spine now because, like I said, he did the L5-S1 and now I'm having problems with the L4 which is above that one.

Q Did -- now was the probation officer job after the security guard job?

A Yes. It was.

Q And how long did that last?

A About two months.

Q And when do you think that ended?

A January of this year.

Q You think it started when?

A November. I want to say November.

Q November of '06?

A Yes.

Q So had you begun feeling somewhat better and you wanted to try another job?

A Actually, yeah, somewhat better but I figured that this would be easier.

Q And you turned out to be wrong about that?

A Yes. I did.

Q And you said, I think, that the sitting on the days you were in court was too much for you?

A Uh-huh.

Q Is that right?

A That's correct.

Q And then the bending with the filing was too, too painful?

A Way too much.

Q When you last did the probation officer job, do you recall, did you again issue a letter of resignation?

A Yes. Yes, I did.

Q Was that prompted by advice from any doctor?

A No.

Q How much time a day do you think you devote to your schooling?

A I have two classes on line. All together or at one, given time?

Q Well, let's start talking total numbers first. In a week, how much time do you think you're spending at the computer, doing your on-line work?

A I'll say probably about -- I'll say about three hours.

Q In a whole week?

A Yeah. That's a total.

Q Do you have to do any other work when you're away from the computer to --

A Actually, the way my class works, I log on [INAUDIBLE], pull all my information off that I have to do and log off. I have my books that I have to read, take my notes or whatever. If I have to write a paper, I'll write my paper out and I log back on and

type my paper up and then send it off like that. That's how the course works. So it's not like I'm constantly at the, you know, at the computer. I actually have a laptop so I can sit on my couch.

Q If you add up the time it takes you to do all that --

A All of that?

Q -- how much time do you think --

A Including the --

Q -- you're spending in a week on your school work?

A Say about 10.

Q 10 hours?

A About 10 hours.

Q And how many credits are you taking?

A Three, six.

Q You have six credits?

A Six credits. The two, on-line courses.

Q Are you taking any other courses?

A I do. I have another class but it's not on-line but I don't have to -- how would I explain it -- it's really not, okay, it's like -- it's supposed to be a one week, a one day a week course, but we don't go to class every day, only when we have to turn in assignments. Do you understand what I'm saying?

Q Well, why don't you explain it so I can? I'm not sure.

A Okay. Like the class I got is my senior seminar class. It meets every Wednesday. Well, that's when we're supposed to meet, every Wednesday, that's when the class is laid out, every Wednesday but we don't go to class every Wednesday. He give us our

assignments or he'll put them, e-mail them to us or what have you. We'll do it and when, let's say if he says, okay, the assignment is due in three weeks on this Wednesday, well, that Wednesday, we'll go to class to turn in our assignments. But like that class, I hadn't been to that class in about four weeks now.

Q Well, have you worked on assignments from that class?

A I have but, I mean, the assignment that he gave us, I had completed.

Q You did or you did not?

A I did. They're completed.

Q And how long did it take you to do that?

A About an hour.

Q How many credits do you get for this class?

A That one is three.

Q So you're taking three --

A Three, six, nine total.

Q Okay. And have you gotten any grades yet this term to see how you're progressing?

A Oh, well, I'm not sure if you're familiar with Troy system. Troy is on terms.

Q Okay.

A We're on the second term now which the two on-line courses that I have, I just picked those up. Previous, I had two other ones that were on-line which was three, six hours. I've gotten grades from those.

Q Were those -- when did those classes end?

A Those classes ended in March, the first part of March.

Q Just a couple weeks ago?

A Yeah. The first part of March because they gave us spring break in between.

Q Okay. And when did they start?

A On the 19th, I believe, the other two classes that I -- oh, I'm not sure if I understood. When did it, which classes?

Q The classes that ended in the first part of March, when did they begin?

A Oh, they began in January.

Q Of '07?

A Yes.

Q So they took about two months or so to run their course?

A Yeah. They're eight-week courses.

Q Did you take six credits again?

A That was the six plus the one that I was telling you about that I go to like once a week because that one is for a 16-week course.

Q Okay. So when you finished the classes from January to March, what sort of grades did you get?

A I got an A out of one and a B out of the other one.

Q What would you, how would you characterize the shape of your transcript right now? How have you done in your college work?

A Well, to be honest with you, it could have been better. What happened was, in 2004, when I quit work, well, not quit work but stopped working and had my back surgery in 2005, I was actually

enrolled in class but I didn't, time lapsed and I was unable to drop or, what's the word I'm looking for, withdraw from school so those actually hurt me so right now I think I have a 2.8 GPA.

Q Okay. And how close are you to achieving your degree?

A These are my last classes. I won't actually receive it until August.

Q Are you anticipating getting a Bachelor's Degree at that time?

A Yes, sir.

Q Did you say you majored in Criminal Justice?

A Yes, sir.

ALJ: Anything further, Ms. Dansby?

ATTY: I don't think so. Anything else, Tyron, you want to say? That's all, Your Honor.

(The Vocational Expert, ROBERT STRADER, having been duly sworn, testified as follows:)

EXAMINATION OF VOCATIONAL EXPERT BY ADMINISTRATIVE LAW JUDGE:

Q Mr. Strader, can you give us your name and professional address?

A Robert N. Strader, 2 Portafena [phonetic] [INAUDIBLE], Number 1305, Pensacola Beach, Florida, 32561.

Q And, sir, are you able, from the information you've reviewed, to classify the Claimant's past work?

A I believe so, Your Honor. Do you want to consider the last two jobs as SGA or since it was short periods of time --

Q No, no.

A Okay.

Q We won't consider those.

A When he was in the service, he worked as a helicopter mechanic according to the file.

CLMT: That was one of them.

VE: Yes. And that's described as medium, skilled work, Your Honor, or from being in the service myself, sometimes that does come up to the heavy category. He has also worked in logistics management according to the file and I would say that's also medium, skilled work. He also worked for state government, IC tech or worked with the computers and stuff --

CLMT: That's correct.

VE: -- and that's normally described as light, skilled work. Worked as an assistant store manager at a video store. Is that correct?

CLMT: That was --

ALJ: Mr. -- I'm sorry to say this to you, Mr. Works, but it's his turn to testify.

CLMT: Oh, I'm sorry. I thought he was asking me a question.

VE: No, no. I wasn't.

ALJ: No, no.

CLMT: Oh, okay.

VE: I just --

ALJ: He's testifying to me and, of course, Ms. Dansby and to you but we've got to let him finish his testimony.

CLMT: I'm sorry.

ALJ: That's all right.

VE: The assistant store manager, I would say it's light in the lower end of the skilled level, Your Honor.

BY ADMINISTRATIVE LAW JUDGE:

Q Is there anything that you've identified from the skilled employments that would transfer to lighter duty work?

A No, sir.

Q The state agency has, at Exhibit 8F, placed light limitations on Mr. Works' physical activities. They have indicated further that he should never do any ladder, rope or scaffold climbing but he could do frequent ramp and stair climbing, frequent balancing, stooping, kneeling, crouching and crawling. They further indicated he should avoid concentrated exposure to extreme cold and also to vibration, no other environmental limits mentioned. If the statements that I just made in the RFC are accepted as accurate, would there be an impact on the past work?

A Yes, sir. He could do the assistant store manager type position or the RT tech, the state government.

Q It looks like Dr. Cawley [phonetic] issued a set of limitations and the statement I see is actually contained in Exhibit 11F. I think there may be another report buried in the file somewhere but he says, Dr. Cawley says in his report of 5/6/05 that the Claimant would be expected to be able to stand and walk in an eight-hour workday at four to six hours, taking breaks every 30 to 45 minutes. He said he would be able to sit six out of eight hours, taking routine breaks, said he would be able to carry up to

10 pounds occasionally and five pounds frequently, could occasionally bend and stoop, no crouching, occasional kneeling, allowed to go up a flight of steps slowly, could pull up to 20 pounds occasionally and 10 pounds frequently. With those sets of restrictions, as stated by Dr. Cawley, would there be any of the past work that would remain?

A No, Your Honor.

Q Would there be any work you could identify that would fit within those limitations?

A That would put him to the sedentary range of employment, Your Honor. Sedentary dispatcher, there's approximately 1,300 in the state, approximately 81,800 nationally.

Q What was that number?

A 81,800 nationally.

Q Thank you. Is that an unskilled position?

A No. That's semiskilled but, someone with his educational background, it's an entry level position. A shipping and receiving clerk, it's also sedentary. There are approximately 1,700 in the state and approximately 110,900 nationally. Sedentary cashier, it's approximately 12,200 in the state, approximately 708,300 nationally. These are some examples that would fit that profile, Your Honor.

Q Dr. Hamp Green issued a statement of limitations that is contained in Exhibit 15F. Have you seen that exhibit?

A Was that the headache one?

Q That's the one that Dr. Green, I believe he is the headache doctor. He --

A Yes. I reviewed that one, Your Honor.

Q Are you familiar with the limitations stated in that exhibit?

A Yes, I am.

Q Would there be any of the past work or any other work you could identify that would fit within the ranges and limits Dr. Green specified?

A With the limitation, as far as missing work four times per month, he would not do any type of work, Your Honor.

Q If you omitted that particular part of his statement, would there be any work that would fit within the rest of the limitations?

A Right. The jobs I just mentioned would conform to that, Your Honor.

Q If we were to adopt the testimony that the Claimant has given us today about the limits that he has, both physically in terms of his sitting, he says he's good for about 30 minutes at a time but he is uncomfortable even when he's seated that long. He has to fidget around and readjust his position and then he, up to four times in a week, develops spasms that are significant enough that he has to go lie down to overcome them. He also says that the pain medication that he's on has a sedating affect that basically knocks him out during the time he's trying to get through the pain. He said that he's able to lift up to five pounds. 10 pounds is,

puts too much of a strain on his back and he cannot lift that weight up from the floor. He's normally in a seated position when he tries to lift that much. He also has walking limitations of about one block, due primarily to knee and low back complaints, said he can stand up to about 30 minutes at a time, the pain in his right knee, more so than the pain in his left knee, limits him to nothing more than that. Said he was able to do more than that when he was working but he basically was just toughing it out to try to make it up to a couple hours at a time and so it seems to me he's describing sort of a reduction in his tolerance for that activity. He also has described a history of headaches that have required emergency medical care. He also says that he's on medication, that when he takes the medication that basically he has to lie down in a dark place and rest for up to four hours at a time. Thankfully, he's only had one of those episodes since his first onset of these problems back in January or, I'm sorry, back prior to the first of the year. He says that he does have minor headaches, however, that again cause him to take lesser dosages of medication and that does become a problem in terms of letting him maintain concentration. He says lights tend to irritate him, especially fluorescent lights like we have in this room, and they do cause headaches. If we were to accept and adopt what he has described to us about those limitations, would there be any of the past work, any of the work you've identified or any other work you can think of that would fit within a range of limitations like that?

A I think he would be unemployable at this time,
Your Honor.

Q Is your testimony, sir, consistent with the
Dictionary of Occupational Titles?

A Yes, sir. It is.

ALJ: Ms. Dansby?

ATTY: I have no questions for Dr. Strader, Your Honor. You
covered it well.

ALJ: Did you have any other statements or comments?

ATTY: Very briefly, Your Honor. Tyron has done everything
he can to continue his education and to attempt to do light work
and I believe he will continue to do so. If granted benefits, I
think he'll end up taking himself off of it within the next five
years.

ALJ: Well, thank you very much. I appreciate that and,
I'll tell you, it's been a pleasure to get to know you, sir.
Thanks for coming in. I'm sorry the lights were an irritating
factor --

CLMT: Yeah.

ALJ: -- for you but I thought you did a good job of
explaining your limitations. What I'm going to do is issue a
Decision when all this is said and done and the Decision is going
to go to the home address you gave me. I would suggest if it
causes you any questions that you call Ms. Dansby and let her know
what those questions are and I'm sure she'll be able to address
them with you. Okay? Good luck with your schooling.

CLMT: Thank you.

ATTY: Thank you.

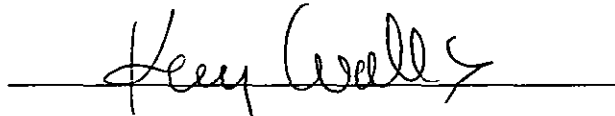
ALJ: You bet. Take care.

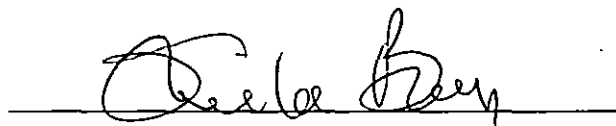
VE: Good luck to you, sir.

(The hearing closed at 10:57 a.m., on March 22, 2007.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing in the above case, before Administrative Law Judge William G. Reamon.


Kay L. Walls, Transcriber
York Stenographic Services, Inc.


Sheila Boyer, Proofreader
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